1 F

FINAL STATEMEON POST PROSE LOCOFT FINANCIAL INTERESTS

2010

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME - FIRST NAME - MIDDLE SOHJ BRIAN MAILING ADDRESS: Plantitin P FI. Myer Fl	NAME: Thomas Thomas Thomas 33966 USA	LOCAL OFFICE SPECIFIED S	FOLLOWING (see "Who Must File" on page 3)		
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION	ON HELD:		
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 20,0 AND HELD STIDATE LHELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 3/22, 2010 (Ditermust a prior to 12/31/10) MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THA ARE TABLED UTTED DE ARVALUES, WHICH REQUIRES FEWER CALCULATIONS. OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENT GOVERNMENT (See instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one).					
PART A PRIMARY SOURCES OF INCOME [Major sources of income (If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE SOURCE OF INCOME ADDRIVED SOURCE		E'S DESCRIPTION OF THE SOURCE'S			
PART B SECONDARY SOURCES (If you have nothing to report NAME OF BUSINESS ENTITY	OF INCOME [Major customers, c t, you must write "none" or "n/a" NAME OF MAJOR SOURCES OF BUSINESS' INCOME		come to busines	ses owned by reporting person) PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
1/19N					
PART C REAL PROPERTY [Land, to (If you have nothing to report,	ouildings owned by the reporting peryou must write "none" or "n/a")	rson]	when and volocated at it. INSTRUCT this form at on page 3 company and the company at the compan	NSTRUCTIONS for where to file this form are the bottom of page 2. TIONS on who must file and how to fill it out begin of this packet.	
				ORMS you may need to	

PART D — INTANGIBLE PERSONAL PROP (If you have nothing to report, you me					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WH	HICH THE PROPERTY RELATES			
					
	/	1997 05m12			
		<u>ដ</u>			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you mu	ŧ	OF CREDITOR			
NAME OF CREDITOR		OF CREDITOR			
Student Loan	Cit. Bank	<u> </u>			
		7,000,000			
(If you have nothing to report, you mus	NESSES (Ownership or positions in certain types of b st write "none" or "n/a") SENTITY#1 BUSINESS ENTITY#2				
NAME OF	5 EN 111 # 1				
BUSINESS ENTITY ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS	.21,5				
ACTIVITY POSITION HELD	10NG				
MITH ENTITY LOWN MORE THAN A 5%	/				
INTEREST IN THE BUSINESS					
OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F	F ARE CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE: CCC	DATE S	SIGNED: 3/31/10			
FILING INSTRUCTIONS:					
WHAT TO FILE: After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted. WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 15) within 60 days of legislary.	WHERE TO FILE: Local officers: file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.				
form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or	To determine what category your position falls under, see the "Who Must File" Instructions on page 3.				

Form 6.