	STATEMENT (	<b>)F FINANCIAL</b>	<b>INTERESTS</b>			
BRADIEY MAILING ADDRESS:  3489 SW 12  CITY: ZIP:	ENAME (same as on original Form 1):  YN d'A LOU  AVE  COUNTY:  33914 Lee	Interests) I FILED FOR THE YE	LD, OR WAS A CANDIDATE FOR, THE			
MANNER OF CALCULATING REPO	RTABLE INTERESTS:					
VALUES. BEGINNING IN 2001, THE DOLLAR VALUES (see instructions for COMPARATIVE (PER OR	S FOR REPORTING FINANCIAL INTER: LEGISLATURE ALLOWED FILERS THI or further details). PLEASE STATE BELOCENTAGE) THRESHOLDS (mandatory facilities) (elective for filings beginning)	E OPTION OF USING REPORTING OW WHETHER IT IS SEATEN, NO for filings prior to 2011, elective for f	THRESHOLDS THAT ARE ABSOLUTE			
PART A PRIMARY SOURCES OF NAME OF SOURCE	INCOME [Major sources of income to the SOURCE		ESCRIPTION OF THE SOURCE'S			
OF INCOME	Ty WAShing to		Government			
Social Securi	1 OCH S NING BO	<i>w</i> , <i>b</i> =	OV C F N M EN L			
PART B - SECONDARY SOURCES  NAME OF BUSINESS ENTITY  Si-Lite Inc/mo Unemployment	OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS'S INCOME  da Light Wholes Ale FIORIDA Gov.	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C-REAL PROPERTY [Land	, buildings owned by the reporting person	SW 12th Cape (	oeal, F1 33514			
PART D — INTANGIBLE PERSONA TYPE OF INTANGIBI	L PROPERTY [Stocks, bonds, certificate	s of deposit, etc.] BUSINESS ENTITY TO WHICH TH	NE PROPERTY RELATES			
		· · · · · · · · · · · · · · · · · · ·	<del></del>			

**AMENDMENT TO FORM 1** 

FORM 1X

PART E LIABILITIES [Major debts] NAME OF CREDITOR			I	ADDRESS OF CREDITOR						
Chase	מו ט בר	FIN ANC	ins	P.o.	Box	78047	Pho	enin,	AZ	85062-8067
	<del> </del>	<u> </u>	<u> </u>							
PART F — INTE	RESTS IN SPEC	CIFIED BUSINESS	ES (Ov	vnership or	positions i	n certain type	es of busine	essesi		
		BUSINES	•	•	1	BUSINESS		•	В	USINESS ENTITY # 3
NAME OF		Doomico	<u> </u>			000.1200				OUNTED LITTER TO
BUSINESS ENTI ADDRESS OF	TY				+					
BUSINESS ENTI	TY							1		
PRINCIPAL BUS		, , ,							•	
ACTIVITY				<del>.</del>		<del></del>	··			
POSITION HELD WITH ENTITY	)									
LOWN MORE TH										
INTEREST IN TH										
NATURE OF MY OWNERSHIP IN										
							- 10			
<u> </u>										
IF ANY	OF PARTS A	THROUGH G	S ARE	CONTINU	JED ON	A SEPAR	ATE SHE	ET, PLE	ASE C	HECK HERE
SIGNATURE:	Lynd	in L.	B	adl	ly		DATE S	SIGNED:	5/19	109
				•		UCTI	ONS:			
WHERE TO F Return the form the Form 1 that y Local officers	to the location vous are seeking to	where you filed o amend. filed with the	of the quart <b>State</b> forms	e county whers.)  officers' of should be	ere your : or <b>specific</b> filed with	agency had agency had state em, the Commion of the Commion of the comminute of the comminut	its head- <i>ployees'</i> ssion on	QUES About	STIONS: this form sed to the	ir qualifying papers.  or the ethics laws may be Commission on Ethics, Post

they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor 32317-5709.

Candidates should have filed their Form 1

32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

## **INSTRUCTIONS FOR COMPLETING FORM 1 X:**

## **INTRODUCTORY INFORMATION (At Top of Form):**

NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY: Use the same information as on the original Form 1 you are seeking to amend.

MAILING ADDRESS: Use your current mailing address.

**MANNER OF CALCULATING REPORTABLE INTERESTS: Check** the box that corresponds to the type of thresholds you used for the original Form 1 you are seeking to amend.

## PARTS A through F:

Use these sections of the form to report the new information you believe should have been reported on your original Form 1, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

## PART G:

Use this section of the form to explain the changes you are making in your original Form 1.