FORM 1	STATEM	ENT OF	200	08	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTERESTS	S		
LAST NAME - FIRST NAME - MIDDLE NA		FOR OF USE ON			
MAILING / CARROLL, JAMES L 17490 STEPPING STC	11128859 DNE DR	10	ID Code		
FORT MYERS FL 335	167		ID No.	PR13m0	
NAME OF AGENCY: BRINGE WATE	R CDD		Conf. Code	09APR13PM0130SDELeeCoF1	
NAME OF OFFICE OR POSITION HELD O SUPERIOR SOLUTION You are not limited to the space on the lines or	OR.	i. if necessary.	P. Req. Code	——Coff	
CHECK ONLY IF CANDIDATE OR					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A - PRIMARY SOURCES OF INCOM- NAME OF SOURCE OF INCOME	SOU	he reporting person] RCE'S RESS	DESCRIPTION OF THE SOUR PRINCIPAL BUSINESS ACTIV		
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NONE					
PART C - REAL PROPERTY [Land, buildings owned by the reporting person] 17490 STEPATNG STONE AR, FORT MYERS, FL. 9516 NEWDALE WAY WIFTING ATUENITED FA			FILING INSTRUCTIONS and where to file this form are ed at the bottom of page 2. INSTRUCTIONS on who me this form and how to fill it out on page 3.	e locat- nust file	
TO TO TOTAL INTE	T WAT TOOK . T	every voz v j m	OTHER FORMS you may n file are described on page 6.	need to	

PART D — INTANGIBLE PERSONAL PROPERTY (Sto TYPE OF INTANGIBLE	ocks, bonds, certifi	cates of deposit, etc.] BUSINESS ENTITY 1	TO WHICH THE I	PROPERTY RELATE	S
/ /					
MA		-			
		<u> </u>	,		<u> </u>
	 			·	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	1	ADD	RESS OF CRED	ITOR	
SUNTRINST MONTGAGE	P.O.	BOX 7904	1 BAL	Ti, MD	21219
- BOTH HOMES					
SUBTUST MATTAGE					
PART F INTERESTS IN SPECIFIED BUSINESSES [Ownership or posit	ions in certain types of bus	inesses]		
BUSINESS EN	TITY#1	BUSINESS ENT	ITY#2	BUSINESS	ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	1	,			
POSITION HELD WITH ENTITY					en en en en
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):	zavogl	(J	ATE SIGNED (re	quired): 4-7	5-09
FI	LING IN	STRUCTION	S:		

WHAT TO FILE:

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Candidates file this form together with their qualifying papers.

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FORM 1	STATEMENT OF		2008		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS [
LAST NAME FIRST NAME MIDDLE NAME	ME : 111288590	FOR OFFICE USE ONLY:	799P		
CARROLL, JAMES L 17490 STEPPING STO FORT MYERS FL 339	NE DR	ID	O9777130 SDF Code No. Code Onf. Code		
CITY:		ID	No. 50		
NAME OF AGENCY: SOUTHEAN HILLS NAME OF OFFICE OR POSITION HELD OF		4	onf. Code		
You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OR	this form. Attach additional sheets, if necessary. NEW EMPLOYEE OR APPOINTEE	_			
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see Instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOME	IE [Major sources of income to the reporting person] SOURCE'S ADDRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
UNEMPLOYMENT IN	S. TANAHASSEE, F	-6, 57,	ATE OF FLOATUA		
NAME OF NA	COME [Major customers, clients, and other sources of ME OF MAJOR SOURCES ADDRI OF BUSINESS' INCOME OF SOL	RESS	sses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
MMAF			-		
74.01					
PART C REAL PROPERTY [Land, building	is owned by the reporting person] TO.N.F. AR FORT MYERS ;	and v	NG INSTRUCTIONS for when where to file this form are locat- t the bottom of page 2.		
9516 NEWDALE WA	Y MATTION ATVERVITEU	this f	TRUCTIONS on who must file form and how to fill it out begin age 3.		
			HER FORMS you may need to the described on page 6.		

PART D — INTANGIBLE PERSO TYPE OF INTANG	ONAL PROPERTY [Stocks,	, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	HE PROPERTY RELATES
NIA				
PART E LIABILITIES [Major of NAME OF CRED			ADDRESS OF C	REDITOR
SUNTRUST MO	ATBAGE	P.O. 1	Box 79041 B	ACTi, MD 21219
- BOTH	HONES		<u> </u>	
SUPPLIEST ALL	A16,46E			
- · · · · · · · · · · · · · · · · · · ·				
PART F — INTERESTS IN SPECI	IFIED BUSINESSES [Own	ership or position	ons in certain types of businesses]	
	BUSINESS ENTIT	Y#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	4.	./		
PRINCIPAL BUSINESS ACTIVITY		\mathcal{T}		
POSITION HELD WITH ENTITY		_		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS	A THROUGH F ARE	CONTINUE	O ON A SEPARATE SHEET, F	PLEASE CHECK HERE
SIGNATURE (required):	mes Co	vegl	DATE SIGNE	D (required): 4-6-09

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FORM 1	STATEM	ENT OF		2008
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S	
LAST NAME FIRST NAME MIDDLE N	AME :	FOR O USE O		
MAILING / CARROLL, JAMES L	11128859			
17490 STEPPING STO FORT MYERS FL 33	ONE DR 967		ID Code	09 12 78
CITY:			ID No.	1340)
NAME OF AGENCY:	11 (1)		Conf. Code	0999R13M0130SDEL∞€Ç⊙F
NAME OF OFFICE OR POSITION HELD OF	4		P. Req. Code	
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	<u> </u>			Ĕ
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY THE STATE OF FLOATIAN STATE OF FLOATIAN				
PART B - SECONDARY SOURCES OF IN	ICOME [Major customers, clients,	and other sources of income to	businesses owned by the	reporting person)
NAME OF N. BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		IPAL BUSINESS TY OF SOURCE
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NONE				
PART C - REAL PROPERTY [Land, building 17490 STEPATNG STE	ngs owned by the reporting person TONE AR, FORT	NUERS, FC. TUERVIEW, FL.	FILING INSTRUCTIONS of this form and how to on page 3.	is form are locat- page 2. on who must file of fill it out begin
			file are described on	page 6.

PART D — INTANGIBLE PERSO	ONAL PROPERTY [Stocks, bonds, ce	ertificates of deposit, etc.]		
TYPE OF INTANG	iBLE	BUSINESS ENTITY TO WHICH TH	HE PROPERTY RELATES	
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11/1				
* !				
		·		
PART E - LIABILITIES [Major of				
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~ BOTH	HOMES			
SUPPLIEST AM				
				
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ownership or po	ositions in certain types of businesses]		
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BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	$\int A$			
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I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
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OWNERSHIP INTEREST				
IE ANY OF DARTE	TURNICU E ARE CONTINU	JED ON A SEPARATE SHEET, PI	EASE CHECK HEDE	
IF ANT OF PARTS A	THROUGH FARE CONTING	JED ON A SEPARATE SHEET, FI	LEASE CHECK HERE	
\sim	\bigcirc	///		
SIGNATURE (required):	mes Carog	DATE SIGNED	(required): 4-6-09	
j.)(X	med con og			
FILING INSTRUCTIONS:				
WHAT TO FILE:	WHERE TO I	FILE: WH	IEN TO FILE:	

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FORM 1	STATEM	ENT OF	2008	
Please print or type your name, mailing	FINANCIAL	INTERESTS	S	
LAST NAME FIRST NAME MIDDLE N	AME:	FOR O USE O	· · · · 	
MAILING / CARROLL, JAMES L	11128859	0		<u>.</u>
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CITY:			ID No.	
NAME OF AGENCY: XXVEX HALL	DD		Conf. Code	ኝ 3
NAME OF OFFICE OR POSITION HELD O	<i>A</i>		P. Req. Code	- : >
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF		*	<u>-</u>]
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DECEMBER 31, 2008		TAX YEAR IF OTHER THAN 1	THE CALENDAR YEAR:	
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DADT R SECONDADY SOURCES OF II	NCOME Major customers clients	and other sources of income to	o businesses owned by the reporting person]	
	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
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NONE				
PART C REAL PROPERTY [Land, build	lings owned by the reporting person	n]	FILING INSTRUCTIONS for who and where to file this form are located	
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9516 NEWDALE WI	AY WAFTICZ. A:	TUENUTEW FL	this form and how to fill it out begin on page 3.	
	,		OTHER FORMS you may need to file are described on page 6.	

PART D — INTANGIBLE PERS TYPE OF INTANG	ONAL PROPERTY [Stocks, bonds, cer	tificates of deposit, etc.] BUSINESS ENTITY TO WHICH TO	HE PROPERTY RELATES
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PART E — LIABILITIES [Major NAME OF CREE SUNTKUST MO W BOTH	HONFS	BOX 7904/ B)	REDITOR ACTI, N.D 21279
SUPPLIEST AM	AGAGE		
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [Ownership or por	sitions in certain types of businesses]	
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	1111		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
IF ANY OF PARTS	A THROUGH F ARE CONTINU	ED ON A SEPARATE SHEET, P	LEASE CHECK HERE
SIGNATURE (required):	mes Earerge	DATE SIGNED	(required): 4-6-09
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