FORM 1	STATE	MENT OF	, 2009		
Please print or type your name, mailing address, agency name, and position belonger	FINANCIA	L INTEREST	s /		
LAST NAME - FIRST NAME - MIDD D'ALSSANDY C MAILING ADDRESS :		FOR C	OFFICE ONLY:		
P.O. BOX 570	<u>ی</u>		<u> </u>		
FT. MYERS F. HOUSING Authors NAME OF AGENCY:	1. 33902 L.	Myers	iD No.		
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT:	hority	P. Req. Code		
You are not limited to the space on the li CHECK ONLY IF CANDIDATE					
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, 2009 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 I	INCOME [Major sources of income to eport, you must write "none" or "n/a	o the reporting person]			
NAME OF SOURCE OF INCOME	NAME OF SOURCE SOURCE'S		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
State of Florida	tallah Assee	FI.	State of fl. retirement		
			System For STATE		
			Attorney 20 Tubinisz		
PART B SECONDARY SOURCES	OF INCOME [Major customers, clier	nts, and other sources of income	to businesses owned by the reporting person]		
(If you have nothing to re NAME OF BUSINESS ENTITY	report , you must write "none" or "n NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Goldberg. Racila	Or BOOMEDO MESSALE	ICE3 HEADON	ST. Attornou-AT- Jans.		
DA/ESSANDO +		Ft. MY 9VS F). 3=	3961		
NOONE LLC		, ,			
PART C DEAL DECORRTY [] and	the tangeting por				
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
Lots 55 thru 60 Block 3919 Cape Coral, Cl. UNIT 54, BOOK 19, PAGE 79 1091			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
			OTHER FORMS you may need to file are described on page 6.		

	L PROPERTY [Stocks, bonds, certifi report, you must write "none" or "i					
TYPE OF INTANGIBL	Ε	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
BANK ACCOUNTS	Suntrust	Suntrust BK; Edison BK Suncoast Schools FCU BK				
·		Bank				
Stock Accounts	UBS FL	UBS Financial Services ETRAde Ameritrada				
•	Schwab	Schush Furancial Services State of Florida				
	Deferrent	Schwab Financial Services, STATE OF Florida Defense Compensation Services				
, ,	is] report, you must write "none" or "r	n/a")				
6MAC Home Mortgage PO. By 10430 WAN Noys CA. 91410						
SN17 C 110HE 11/04/04/ 1 0.004 10430 WAN NOGS, CA. 41410						
······································						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a")						
1	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	NONE	NONE	NONE			
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 CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
C/632P1	17. D'alenendre	7-9-2	2010			
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:					

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filling.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filling, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they 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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Initially, each local officer/employee, sta officer, and specified state employee mustile within 30 days of the date of his or happointment or of the beginning of employment. Appointees who must be confirmed the Senate must file prior to confirmation, ever if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

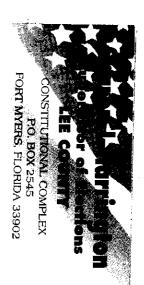
Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following eacalendar year in which they hold their pottions.

Finally, at the end of office or employment, each local officer/employee, state officer, at specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

*10JUL12PM01₹3SNE Lee CoF1

SUPERVISOR OF ELECTIONS P.O. BOX 2545

FORT MYERS FL 33902-2545



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