FORM 1	STATEM	ENT OF	2009
Please print or type your name, malling address, agency name, and position below:	FINANCIAL	INTERESTS	
MAILING ADDRESS:	Casho Sr.	FOR OFFICI USE ONLY:	
NAME OF AGENCY:  NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD	COUNTY:  COUNTY:  COUNTY:  OR SOUGHT:		ID of ode  ID No.  ID No.  Conf. Code  P. Req. Code
You are not limited to the space on the lines  CHECK ONLY IF CANDIDATE O	<u></u>	•	Ď
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2009  MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE STATEMENT OF THE PROPERTY OF THE PERIOD	OR SPECIFY  LE INTERESTS: HE OPTION OF USING REPORT USING COMPARATIVE THRESH TATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHETHER B FOR THE PRECEDING TAX YEAR TAX YEAR IF OTHER THAN THE C TING THRESHOLDS THAT ARE A OLDS, WHICH ARE USUALLY BA	ENDING EITHER (check one):  ALENDAR YEAR:  BSOLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES (see ck one):
PART A PRIMARY SOURCES OF INCO		e reporting person]	
NAME OF SOURCE OF INCOME	sour Addi	RCE'S RESS  Fol Blad  Fol 5914	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PART B SECONDARY SOURCES OF I	NCOME [Major customers, clients, t, you must write "none" or "n/a"		nesses owned by the reporting person]
	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
72/19	2/19	2/3	72/13
PART C REAL PROPERTY [Land, build (If you have nothing to report,	ings owned by the reporting person you must write "none" or "n/a")	INS	LING INSTRUCTIONS for en and where to file this form located at the bottom of page 2.  STRUCTIONS on who must this form and how to fill it out jin on page 3.
			HER FORMS you may need ile are described on page 6.

ł	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
	BUGINEOS LIVITA TO MILOTI	FROFERITREBUILD	
	21,7		
	n/a")		
<u> </u>	ADDRESS OF CREDITOR		
	72/19		
BUSINESSES [Ownership or position, you must write "none" or "n/a BUSINESS ENTITY # 1	tions in certain types of businesses] a") BUSINESS ENTITY # 2	BUSINESS ENTITY #3	
7112	-1/2	nla	
7/19	72/19	16/11	
ROUGH F ARE CONTINUE	ED ON A SEPARATE SHEET, PL	EASE CHECK HERE	
	DATE SIGNED (		
	BUSINESSES [Ownership or positiont, you must write "none" or "n/a BUSINESS ENTITY # 1	BUSINESSES [Ownership or positions in certain types of businesses] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2  HROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLI	

### WHAT 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.

# WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, 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.

## WHEN TO FILE:

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

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

Thereafter, local officers/employees, state officers, and specified state employees ar required to file by July 1st following eac calendar year in which they hold their postions.

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



TO TOTAL TECT WANTED FRIEND

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545