FORM 1	STATEM	ENT OF		2009
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	\mathbb{T}	NPY -
LAST NAME - FIRST NAME - MIDDLE ELLOT WILLIAM E	ENAME: Lunad	FOR OFI USE ON		
MARLING ADDRESS: 17260 Calbosa 7	Trace ande		I D C	W 19
FOUT Myers	33967 LEE ZIP: COUNTY:		$\left \right $	ode Ode Code Co F1
TONA MEDICOR 1 NAME OF AGENCY:	THE DISTRICT		I II A).
MAME OF OFFICE OR POSITION HEL				Code Code
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE		•		
CHECK ONLY IF A CANDIDATE				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2009	OW WHETHER THIS STATEMENT IS F	ECEDING TAX YEAR, WHETHE	EAR END	ING EITHER (check one):
MANNER OF CALCULATING REPORT. THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE	TABLE INTERESTS: THE OPTION OF USING REPORT OR USING COMPARATIVE THRESH	TING THRESHOLDS THAT AF OLDS, WHICH ABE USUALLY	RE ABSC / BASED	DLUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see
COMPARATIVE (PERCENTAGE		DOLLAR VA	-	·
PART A - PRIMARY SOURCES OF IN (If you have nothing to rep	ICOME [Major sources of income to the port, you must write "none" or "n/a")	e reporting person]		
NAME OF SOURCE OF INCOME	SOUR	RESS		CRIPTION OF THE SOURCE'S
FORA M'SILOR FIRE D.	shut 6061 South Point	e BLUD Forft 1962	Mre	Hesine
			· · · · · · · · · · · · · · · · · · ·	
PART B SECONDARY SOURCES C	OF INCOME [Maior customers, clients.	and other sources of income to	business	es owned by the reporting person
	port , you must write "none" or "n/a" NAME OF MAJOR SOURCES OF BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
/ / \ \	OF BUSINESS INCOME	OF GOUNGE		ACTIVITY OF SOUNCE
N/ /+			-	
PART C REAL PROPERTY [Land, b (If you have nothing to rep	ouildings owned by the reporting person port, you must write "none" or "n/a")]	when a	G INSTRUCTIONS for and where to file this form sated at the bottom of page 2.
	1/4-		file this	RUCTIONS on who must s form and how to fill it out on page 3.
/ <u>V</u>				iR FORMS you may need
				are described on page 6.

TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES	
1/1/				
NI				
PART E — LIABILITIES [Major debts] (If you have nothing to rep	oort, you must write "none" or "n/:	a"')		
NAME OF CREDITOR		•	DITOR	
COULAR MTG CO	10 301	ADDRESS OF CREDITOR 10 BOX 211091 EAGGN, MN 55121 10 BOX 28078 G(EENSBGO, NC 27420		
BANK of America	1. 100 Box	28078 G(EENSBG	0, NC 27421)	
DIAK O THE COLOR	1.0 .59		7 0,720	
~	j '			
PART F — INTERESTS IN SPECIFIED	BUSINESSES (Ownership or position	ns in certain types of businesses]		
PART F — INTERESTS IN SPECIFIED I	ort, you must write "none" or "n/a")			
PART F — INTERESTS IN SPECIFIED I	BUSINESSES [Ownership or position or you must write "none" or "n/a") BUSINESS ENTITY # 1	ns in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
PART F — INTERESTS IN SPECIFIED I (If you have nothing to repo	ort, you must write "none" or "n/a")		BUSINESS ENTITY # 3	
(If you have nothing to repo	ort, you must write "none" or "n/a")		BUSINESS ENTITY # 3	
(If you have nothing to repo	ort, you must write "none" or "n/a")		BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	ort, you must write "none" or "n/a")		BUSINESS ENTITY # 3	
(If you have nothing to report to the position held with entity of the position held with entities and the position held with entities with the position held with entities with the position held with entities with the position held with the positio	ort, you must write "none" or "n/a")		BUSINESS ENTITY # 3	
(If you have nothing to report to the property of the property	ort, you must write "none" or "n/a")		BUSINESS ENTITY # 3	
(If you have nothing to report to the process of Business Entity) PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	BUSINESS ENTITY # 1			
(If you have nothing to report to the property of the property	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	EASE CHECK HERE	

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 filing.

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.

FILING INSTRUCTIONS:

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 must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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

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

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