FORM 1	STATEMENT OF			2009	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	(C)) PY	
ELLOT WILLIAM ELWI	1	FOR OF		10.0	
17260 CalousA TM	e anle		IND C	NO 19	
CITY: ZIP	967 LEE COUNTY:			10719	
TONA MEDICON JUNE NAME OF AGENCY:	0(5)[210]		V	ee 	
FIRE Chief				Code Ç	
NAME OF OFFICE OR POSITION HELD OR LOVA MEGREGOR	SOUGH1:		P. Re	eq. Code	
You are not limited to the space on the lines on the	is form. Attach additional sheets, if	necessary.			
CHECK ONLY IF	NEW EMPLOYEE OR APP	POINTEE			
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 INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")					
NAME OF SOURCE OF INCOME	SOURCE ADDR			SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY	
TONA MESILEOR FIRE DISTRICT	6061 South Pointe	BUD Forfepill	FIVE	e Hesiae	
PART B SECONDARY SOURCES OF INC	OME [Major customers, clients, a	nd other sources of income t	o busines:	ses owned by the reporting person]	
(If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADD		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
19/14					
,					
PART C REAL PROPERTY [Land, building	s 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.		
AH-			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3		
,			to file	B R R Qu nay need are described on page 6.	

PART D INTANGIRI E DEDGOMAL DDODEDTY (C	tocke bonde as the	ested of deposit, etc.]				
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
A / / A						
/V//+						
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must	write "none" or "n	•	DITOR			
PULAY MT6 CO 10 BON 211091 EAGON, MN 55121						
PHOTO 1110 CO 10 000 2/1011 C/199/11/10 05/2/						
BANK of America	10 BOX 211091 EAGENSBERD, NC 27420					
0	7					
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") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3						
NAME OF BUSINESS ENTITY	. /					
ADDRESS OF BUSINESS ENTITY	1/2					
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY	T'					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			777			
NATURE OF MY VOWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (regulired): DATE SIGNED (required):						
TU CYL	5/27/2010					
FILING INSTRUCTIONS:						

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.

WHERE TO FILE:

that location.

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

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.