FORM 1	STATEM	IENT OF		2010
Please print or type your name, mailing address, agency name, and position below:] FINANCIAI	INTERESTS	5	
MAILING ADDRESS :	mas Patric	L FOR OIL USE OIL	NLY:	
FORT Myres	23908 LOZIP: COUNTY:	EE	TO Code Soft	
Pontico CI NAME OF AGENCY: Office or POSITION HELD	OR SOUGHT:		Conf. Code	
You are not limited to the space on the lines			- T- Neg. 0000	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2010	V WHETHER THIS STATEMENT IS	RECEDING TAX YEAR, WHETH	HER BASED ON A CALENDAR YEAR ENDING EITHER (must c	
MANNER OF CALCULATING REPORTABE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE) T	THE OPTION OF USING REPORT R USING COMPARATIVE THRESH TATE BELOW WHETHER THIS STA	HOLDS, WHICH ARE USUALL ATEMENT REFLECTS EITHER	LY BASED ON PERCENTAGE	
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the toth, you must write "none" or "n/a")			
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE S PRINCIPAL BUSINESS	
TAYLOR Mornison	Suite 100.	emen RD	HomeBuilding	
	SANASOTA, F	-C 34737		
PART B SECONDARY SOURCES OF	INCOME [Major customers, clients	and other sources of income t	a husinesses owned by the rep	ortino personi
(If you have nothing to report NAME OF BUSINESS ENTITY	rt , you must write "none" or "n/a" NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL I ACTIVITY OF	BUSINESS
NA				
	t, you must write "none" or "n/a")) -	FILING INSTRUCTION When and where to file the are located at the bottom	his form
Hersonal Home	Fort Mycles,	2an_Ct ,FL 33908	INSTRUCTIONS on w file this form and how to begin on page 3.	no must
			OTHER FORMS you r to file are described on p	

			
	AL PROPERTY [Stocks, bonds, certific report, you must write "none" or "r		
TYPE OF INTANGIB		BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
N/A			
PART E — LIABILITIES [Major de			
(If you have nothing to	report, you must write "none" or "r	v/a")	
NAME OF CREDIT	OR	ADDRESS OF CRED	DITOR
NA			
PART F — INTERESTS IN SPECIFIF	ED BUSINESSES [Ownership or positi report, you must write "none" or "n/a"	ons in certain types of businesses]	
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/R		
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY	NÏA		
POSITION HELD WITH ENTITY	NIA		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NIA		
NATURE OF MY OWNERSHIP INTEREST	NA		
IF ANY OF PARTS A	THROUGH F ARE CONTINUE	D ON A SEPARATE SHEET, PLE	ASE CHECK HERE
SIGNATURE (required):		DATE SIGNED (n	equired):
	10/17		2011
	FILING IN	STRUCTIONS: V	
WHAT TO FILE:	WHERE TO FIL	 .E: WHE	N TO FILE:
After completing all parts of this fo	mi. including – It vou were mailed	the form by the Commission Initiali	y, each local officer/employee, sta

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.

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.

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or har 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 offield must file at the same time they file their qualifying papers.

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

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

FORM 1	STATEM	ENT OF		2010
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	, [
	AME: NS POTRIC	FOR OF USE ON		
MAILING ADDRESS: 8790 KING U	ean Ct		ı ID Co	burde burde Carold Carold Carold
Fort Myers	33908 LE	<u>:e</u>	16 -	Foods
NAME OF AGENCY :			ID No	o. 넓
NAME OF OFFICE OR POSITION HELD C	X SOUGHT:]	eq. Code
You are not limited to the space on the lines of	<u></u>	<u>-</u>		
CHECK ONLY IF CANDIDATE OR				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2010	WHETHER THIS STATEMENT IS I	ECEDING TAX YEAR, WHETHI	ER BASE EAR END	DING EITHER (must check one):
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OR Instructions for further details). PLEASE STA	LE INTERESTS: HE OPTION OF USING REPORT USING COMPARATIVE THRESH ATE BELOW WHETHER THIS STA	TING THRESHOLDS THAT AF HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER DOLLAR VA	RE ABSO Y BASED (must ch	DLUTE DOLLAR VALUES, WHICH O ON PERCENTAGE VALUES (see
	ME [Major sources of income to the you must write "none" or "n/a")			
NAME OF SOURCE OF INCOME	·	RCE'S RESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
TAYLOR Morrison	501 N. Catt	Cenum 20	<u></u> h	tomesuidency
	Saranasota, F	=L 34232		
	, you must write "none" or "n/a"	")	business	
NAME OF N BUSINESS ENTITY	IAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	!	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A				
	you must write "none" or "n/a")	1]	when a	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.
Personal Home	2 8790 Kine Foet myk	slean co	INSTI	RUCTIONS on who must is form and how to fill it out
	·	2095	begin	on page 3.
				ER FORMS you may need are described on page 6.

	AL PROPERTY [Stocks, bonds, certifing report, you must write "none" or "			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/∞			· ·	
			· · · · · · · · · · · · · · · · · · ·	
			<u> </u>	
	report, you must write "none" or "			
NAME OF CREDITOR		ADDRESS OF CREDIT	OR	
NIA				
			· · · · · · · · · · · · · · · · · · ·	
BARTE WITCHCOTO IN ORGANICE	D DUCINEGOES (Company)	tions to contain to man of trustines and	• • • • • • • • • • • • • • • • • • • •	
PART F — INTERESTS IN SPECIFIE (If you have nothing to re	eport, you must write "none" or "n/a	a")		
PART F — INTERESTS IN SPECIFIE (If you have nothing to re	D BUSINESSES [Ownership or posi eport, you must write "none" or "n/a BUSINESS ENTITY # 1	tions in certain types of businesses] ") BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
PART F — INTERESTS IN SPECIFIE (If you have nothing to re	eport, you must write "none" or "n/a	a")	BUSINESS ENTITY # 3	
(If you have nothing to re	BUSINESS ENTITY # 1	a")	BUSINESS ENTITY # 3	
(If you have nothing to re	BUSINESS ENTITY # 1	a")	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	BUSINESS ENTITY # 1	a")	BUSINESS ENTITY # 3	
(If you have nothing to re NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	BUSINESS ENTITY # 1	a")	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	BUSINESS ENTITY # 1	a")	BUSINESS ENTITY # 3	
(If you have nothing to re NAME OF BUSINESS ENTITY ADDRESS 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 N/A N/A N/A N/A	a")		
(If you have nothing to re NAME OF BUSINESS ENTITY ADDRESS 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 N/A N/A N/A N/A	BUSINESS ENTITY # 2	SE CHECK HERE	
NAME OF BUSINESS ENTITY ADDRESS 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 N/A N/A N/A N/A N/A THROUGH F ARE CONTINUI	BUSINESS ENTITY # 2 ED ON A SEPARATE SHEET, PLEA	SE CHECK HERE	

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.

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 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 mu file within 30 days of the date of his or h appointment or of the beginning of emploment. 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 offimust file at the same time they file their qualifying papers.

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

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.