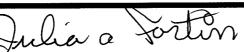
FORM 1	STATEMENT OF	2007			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTEREST	S			
LAST NAME - FIRST NAME - MIDDLE NA FORTIN TWICE MAILING ADDRESS: 5451 Third AVO	FOR USE	OFFICE ONLY:			
CITY: NDCPM— NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OF	EL 33902 EL COUNTY: ENO MANUS	ID Code ID No. Conf. Code P. Req. Code			
You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OR	this form. Attach additional sheets, if necessary. NEW EMPLOYEE OR APPOINTEE				
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, 2007 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 INCOM NAME OF SOURCE OF INCOME	IE [Major sources of income to the reporting person] SOURCE'S	DESCRIPTION OF THE SOURCE'S			
SSD.	ADDRESS DC	Dis Abity			
NAME OF NA	COME [Major customers, clients, and other sources of income AME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
W 5					
PART C REAL PROPERTY [Land, buildings owned by the reporting person]		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
NO		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.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stoc TYPE OF INTANGIBLE	cks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
\mathcal{N}_{1}				
V				
		Allian and		
	,			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR			
. (
\sim 1 \sim				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
I BUSINESS ENT		BUSINESS ENTITY # 2	I BUSINESS ENTITY # 3	
NAME OF	11177	BOOINESO ENTITI # 2	Boomed Emilia	
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				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				

SIGNATURE (required):



DATE SIGNED (required):

6-2-08

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:

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.

FILING INSTRUCTIONS:

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 Blvd. 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.