4 834 888 8 7 1			2010			
FORM 1	STATEME		2010			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL II	NTERESTS				
LAST NAME FIRST NAME MIDDLE NAME :		FOR OF				
GNAGEY JOHN Y MAILING ADDRESS	JILIJAM_	USE ONI	LY:			
9341 MARXETT	LARE ROA	A				
			ID.Code			
CITY: ZIP:	<u>33912 L</u> COUNTY:	<u> </u>	N H			
RENAISSANCE			ID No.			
NAME OF AGENCY :			ID No.			
NAME OF OFFICE OR POSITION HELD OR SO			P. Reg. Code			
You are not limited to the space on the lines on this	· ·	-	Ş			
			rang kant			
**BOTH PARTS OF THIS SECTION MUST BE COMPLETED** DISCLOSURE PERIOD:						
THIS STATEMENT REFLECTS YOUR FINANCIAL A FISCAL YEAR. PLEASE STATE BELOW WHET						
DECEMBER 31, 2010 OF	-	YEAR IF OTHER THAN TH				
MANNER OF CALCULATING REPORTABLE INT						
THE LEGISLATURE ALLOWS FILERS THE OP REQUIRES FEWER CALCULATIONS, OR USING Instructions for further details) BI EASE STATE BI	G COMPARATIVE THRESHOLD	DS, WHICH ARE USUALLY	BASED ON PERCENTAGE VALUES (see			
instructions for further details). PLEASE STATE BI COMPARATIVE (PERCENTAGE) THRESH		-	(must check one): LUE THRESHOLDS			
PART A PRIMARY SOURCES OF INCOME [N	Aajor sources of income to the rep					
(If you have nothing to report, you n	aust write "none" or "n/a")					
NAME OF SOURCE OF INCOME	SOURCE'	S I	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
	SOURCE'S ADDRESS	S ACA HORE				
OF INCOME	SOURCE'S ADDRESS	S ACA LORE 23012	PRINCIPAL BUSINESS ACTIVITY			
OF INCOME	SOURCE'S ADDRESS	S ACA LORE 23012	PRINCIPAL BUSINESS ACTIVITY			
OF INCOME WERTHINGT ON OF REALISSING WELLS ARGO ADVISOR - ETTICKS	SOURCES ADDRESS EATT AT LATER AT ALL	S Aca Lort 23912 FL	PRINCIPAL BUSINESS ACTIVITY			
OF INCOME	SOURCE'S ADDRESS	S Aca Lort 23912 FL	PRINCIPAL BUSINESS ACTIVITY			
OF INCOME WERE ARGE AND SURCES OF INCOM (If you have nothing to report, you NAME OF NAME (	SOURCE'S ADDRESS ADDRESS E [Major customers, clients, and must write "none" or "n/a") OF MAJOR SOURCES BUSINESS' INCOME	other sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY			
OF INCOME	SOURCES ADDRES	ather sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY			
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OF INCOME	SOURCE'S ADDRESS ADDRESS IE [Major customers, clients, and must write "none" or "n/a") OF MAJOR SOURCES BUSINESS' INCOME	ather sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY			
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PART D — INTANGIBLE PERSONAL PROPERTY ( (If you have nothing to report, you mu	Stocks, bonds, certific st write "none" or "r	cates of deposit, etc v/a")	¢.]			
TYPE OF INTANGIBLE		BUSINESS EN	TITY TO WHI	CH THE PROPERTY RELATES		
570-25	WERL	5 FARG	TA O	2 Cto DEV		
		· ·	<u>†</u> .			
				·		
			1			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you mu	st write "none" or "r	√a'')				
		· •				
				ADDRESS OF CREDITOR		
N/R				· · · · · · · · · · · · · · · · · · ·		
PART F INTERESTS IN SPECIFIED BUSINESSES	Ownership or positi	ions in certain types	of businesses			
(If you have nothing to report, you must BUSIN	write "none" or "n/a" ESS ENTITY # 1		SS ENTITY #	2 . BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY			ļ			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	A					
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	····		<u> </u>			
IF ANY OF PARTS A THROUGH F		D ON A SEPAR				
				GNED (required):		
SIGNATURE (required):			1			
		STRUCT				
WHAT TO FILE: After completing all parts of this form, including		the form by the C		WHEN TO FILE: initially, each local officer/employee, sta		
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a Cou	nty Supervisor of E sure filing, return t	ections for	officer, and specified state employee mi file within 30 days of the date of his or t		
	that location.	-		appointment or of the beginning of emplo ment. Appointees who must be confirmed		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that		bloyees file with the county in which th		the Senate must file prior to confirmation, ev		
section(s).	nently reside. (If you do not permaner in Florida, file with the Supervisor of		ntly reside appointment			
Facsimiles will not be accepted.		has its headquarte		Candidates for publicly-elected local off		
NOTE:		State officers or specified state environmentation on Ethics, Policies				
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a	15709, Tallahassee, FL 32317-5709 address: 3600 Maclay Boulevard, So 201, Tallahassee, FL 32312. <i>Candidates</i> file this form together		; physical <b>Thereafter</b> , local officers/employees, sta outh, Suite officers, and specified state employees a required to file by July 1st following ea calandar yoor in which they hold their por			
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.	qualifying papers. To determin	e what category yo	Finally, at the end of office or employn			
	fails under, see the	e "Who Must File"	Instructions	each local officer/employee, state officer, a specified state employee is required to file		
	on page 3.			final disclosure form (Form 1F) within 60 da of leaving office or employment.		