FORM 1	STATEM	ENT OF	2008				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDDLE GUZ MOL N MAILING ADDRESS:		FOR OF USE ON	#				
247 BETHANY	home Da		ID Code 99				
CITY: LEHIGA NAME OF ACENCY:	ZIP: COUNTY: FC 33934	LEE	ID Code O9SEP01910841 SEE Conf. Code P. Req. Code CoF				
NAME OF AGENCY: (E) GA ACCEN FLY NAME OF OFFICE OR POSITION HELD	CE AND RESCUE	DISTRICT	Conf. Code 99				
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE	Sal 3 , if necessary. PPOINTEE						
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, 2008 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 INC NAME OF SOURCE OF INCOME	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
Iona Mc Gregor Pre Dismic	T 6061 South forma		For Department				
Corless PKW		(37919	Teaching facility				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE							
NIA							
		,					
PART C-REAL PROPERTY [Land, build 247 Bethany M	Idings owned by the reporting person	h KC 33436	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
104 Winners CT		357	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
			OTHER FORMS you may need to				

PART D — INTANGIBLE PERSONAL PROPERTY [Stoc TYPE OF INTANGIBLE		cks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NA				•	
		·			
PART E LIABILITIES [Major NAME OF CRE	debts] DITOR		ADDRESS OF CRE	EDITOR	
NATOLAR Con Mortgase		40 BOX 800 May Nov. OLA 45401-8800			
Well's fargo form Mortgage le O. Oux 10335 Des Maries It 50				Maxis JA58306	
Standard Consumer USA 80, Box 562 0 88, 5te 90 N. Valles 17075247					
Sun(ast federal realit Union Box. 1904, TAMPA 71 33482-1904					
-					
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [Own	nership or position	ns in certain types of businesses]	*******	
	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	NIA				
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): 7/31/09					
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.

I LEGIT OF THE OFFICE OF

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.

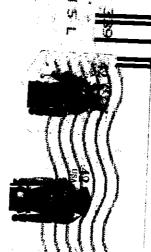
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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.



FT MYERS FL

31 AUG 2009 FM 5 L



SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545