## FORM 1

Please print or type your name, mailing address, agency name, and position below:
LAST NAME - FIRST NAME ${ }_{7}$ MIDDLE NAME :


MAILING ADDRESS:
4743 BLACKBERrY DR

## CIT:

FEr MY C RS 24P:39505

COUNTY:

NAME OF AGENCY:
FASTLCECO aunty Councrて
NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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\begin{aligned}
& \text { NAME OF OFFICE OR POSITION HELD OR SOUGHT: } \\
& \text { BOAED OF DIRCTOR ND OFf IC }
\end{aligned}
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You are not limited to the space on the lines on this for. Attach additional sheets, if necessary. CHECK ONLY IF $\square$ CANDIDATE OR $\square$ 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 YFAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): DECEMBER 31,2010 OR $\square$ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: $\qquad$
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 (must check one):
$\square$ 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")


PART C - REAL PROPERTY [Land, buildings 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.

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.


IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE $\square$


## FILING INSTRUCTIONS:

IHAT TO FILE:
fter completing all parts of this form, including gning and dating it, send back only the first heet (pages 1 and 2) for filing.
you have nothing to report in a particular ection, you must write "none" or "n/a" in that ection(s).
acsimiles will not be accepted.
IOTE:
IULTIPLE FILING UNNECESSARY:
senerally, a person who has filed Form 1 for a alendar or fiscal year is not required to file a econd Form 1 for the same year. However, a andidate who previously filed Form 1 because f another public position must at least file a copy f 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.
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.



