FORM 1	STATEN	IENT OF		2010		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE		STS			
LAST NAME - FIRST NAME - MIDDLE N JACK SON JAMES	Me/VIA		FOR OFFICE USE ONLY:			
MAILING ADDRESS: 2324 SW 43°S	1.		· *D Code	## 		
CITY A	COUNTY		\D Code	1.70.N03777087815NE		
NAME OF AGENCY: 2 339	ZIP: COUNTY:		ID No.	PROBE		
NAME OF OFFICE OR POSITION HELD	MOO! ISOLAD OR SOUGHT:	_	Conf. Code P. Req. Code	F		
You are not limited to the space on the lines		s, if necessary.	1,1104,000	<u>គ</u> <u>ខ</u>		
CHECK ONLY IF CANDIDATE OF		· I				
**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 (must check one):  DECEMBER 31, 2010  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 (must check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS						
•	t, you must write "none" or "n/a")	)				
NAME OF SOURCE OF INCOME S a hard transfer of the control of the c		RCE'S PRESS	PRINCIPA	ION OF THE SOURCE'S		
School Shora of Lee Count	1 (21011104 ISINA)	H, MYAS	<i>L'ementari</i>	y School Principal		
DART B. SECONDARY SOURCES OF	NORTH Males quateres aliests	1-41				
(If you have nothing to report	ICOME [Major customers, clients, and other sources of , you must write "none" or "n/a")  AME OF MAJOR SOURCES ADDRE OF BUSINESS' INCOME OF SOU		s	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/T						
DADT C DEAL DECRETY II and built	4!					
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.			
			INSTRUCT	IONS on who must		
				RMS you may need		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
INVESTMENT ACCOUNT	T KAYMON	LAYMOND JAMES INC.				
	- /-					
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")  NAME OF CREDITOR  ADDRESS OF CREDITOR						
K/A						
		<del></del>				
PART F — INTERESTS IN SPECIFIED BUSINESSES {Ownership or positions in certain types of businesses}  (If you have nothing to report, you must write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3						
NAME OF BUSINESS ENTITY	N/A	NA	N/A			
ADDRESS OF BUSINESS ENTITY	7		. /			
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):						
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.

# 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, sta officer, and specified state employee mufile within 30 days of the date of his or happointment or of the beginning of employment. Appointees who must be confirmed the Senate must file prior to confirmation, every 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 the 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 the 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.