## FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2009

| (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)  |           |  |   |                                  |  |  |  |  |  |
|--|-----------|--|---|----------------------------------|--|--|--|--|--|
| LAST NAME — FIRST NAME — MIDDLE NAME:  |           |  | NAME OF REPORTING PERSON'S AGENCY:                    |                                  |  |  |  |  |  |
| MAILING ADDRESS:   |           | DONNA WARD, ANIMAL SERVICE   |   |                                  |  |  |  |  |  |
| 12653 SHANN  | JALE BRIN |  | LLOWING   | (see "Who Must File" on page 3): |  |  |  |  |  |
|  |           | LOCAL OFFI SPECIFIED S   |   | STATE OFFICER PLOYEE             |  |  |  |  |  |
| CITY: ZIP:   | COUNTY:   | LIST OFFICE OR POSITI  | ON HELD:  | ANIMAL CARES                     |  |  |  |  |  |
|  |           |  | TRUST FU  | NG O                             | iversig H1   |  |  |  |  |
| DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 2000 AND THE AST DATE CHELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS  |           |  |   |                                  |  |  |  |  |  |
| further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS   |           |  |   |                                  |  |  |  |  |  |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income Source of income Source Address of income SELF EMPLOYED 12653 SHAN FT. MYCLS |           |  | CE'S  | PRIN                             | CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY  LEAG LING + EVENT  CTOG LAPHY   |  |  |  |  |
|  |           |  |   |                                  | <del>,</del>   |  |  |  |  |
|  |           |  |   |                                  | Z  |  |  |  |  |
|  |           |  |   |                                  | <u> </u>   |  |  |  |  |
| PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY  Web MOUCHTISH   | OI.       | NCOME [Major customers, cl<br>E OF MAJOR SOURCES<br>F BUSINESS' INCOME | ents, and other sources of in<br>ADDRESS<br>OF SOURCE | come to bu                       | PRINCIPAL BUSINESS ACTIVITY OF SOURCE  |  |  |  |  |
| PART C REAL PROPERTY (Lan  |           | KAMNON dALe  |   | INST this fo                     | NG INSTRUCTIONS for and where to file this form are ed at the bottom of page 2.  RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet. |  |  |  |  |
| HOME @ 12653   |           | KANNON dale<br>FT MYEKS,   | ORIVE<br>FL 33713                                     | INST this foon pa                | ed at the bottom of page 2.  RUCTIONS on who must file orm and how to file it out begin  |  |  |  |  |

| PART D — INTANGIB   | ILE PERSONAL PROPE            | ERTY [Stocks, bonds, ( | certificates of deposit, etc.]   | NOU THE DOODEDTY   | / DEL ATEC   |  |  |  |
|---|-------------------------------|------------------------|--|--|--|--|--|--|
| CAMCLA  | EUULMA                        |                        | PHOTOGRAPHY (a)  |  |  |  |  |  |
| China   | LOUIT                         | Any                    | 20-10-1 P  | MATO 9 P   | 4 211/1  |  |  |  |
|   |                               | 17104                  | O CCHJIUN I  | LINIO J V  | TP 17 7  |  |  |  |
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|   |                               |                        | :  |  |  |  |  |  |
| <u> </u>  |                               |                        |  |  |  |  |  |  |
|   |                               |                        |  |  |  |  |  |  |
| PART E — LIABILITIE<br>NAME O   | S [Major debts]<br>F CREDITOR |                        | ADDRESS  | OF CREDITOR  |  |  |  |  |
| BANK of F   | AMERICA                       | 6ATE                   | GATEWAY, FT MYEKS  |  |  |  |  |  |
|   |                               |                        | 7 7  |  |  |  |  |  |
|   |                               |                        |  |  |  |  |  |  |
| *   |                               |                        |  |  |  |  |  |  |
|   |                               | _                      |  |  |  |  |  |  |
| PART F INTEREST   | S IN SPECIFIED BUSIN          | IESSES [Ownership      | or positions in certain types of   | businesses]  |  |  |  |  |
| NAME OF   |                               | S ENTITY # 1           | BUSINESS ENTITY # :  | 2 BU   | ISINESS ENTITY # 3                                 |  |  |  |
| BUSINESS ENTITY ADDRESS OF  | NONe                          | <u>-</u>               |  |  |  |  |  |  |
| BUSINESS ENTITY PRINCIPAL BUSINESS  |                               |                        |  |  |  |  |  |  |
| ACTIVITY POSITION HELD  |                               |                        |  |  |  |  |  |  |
| WITH ENTITY I OWN MORE THAN A 59  |                               |                        |  | The state of the s |  |  |  |  |
| INTEREST IN THE BUSIN<br>NATURE OF MY   |                               |                        |  |  |  |  |  |  |
| OWNERSHIP INTEREST  |                               |                        |  |  |  |  |  |  |
| IF ANY OF PA  | RTS A THROUGH F               | ARE CONTINUED          | ON A SEPARATE SHE  | ET, PLEASE CH  | ECK HERE   |  |  |  |
| SIGNATURE:  | hres & 4                      | 10H                    | DATE S   | SIGNED: ///  | 2/12   |  |  |  |
|   | 7 × 4                         | iev                    |  | 011  | 9/09   |  |  |  |
|   |                               |                        |  |  |  |  |  |  |
|   | F                             | FILING INS             | TRUCTIONS:   |  |  |  |  |  |
|   |                               |                        |  |  |  |  |  |  |
| WHAT TO FILE:   |                               | WHERE TO FIL           | <b>c.</b>  | NOTE:  | ~  |  |  |  |
| After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages).  |                               | Local officers:        | file with the Supervisor of  | If you are leaving office emploment during the first half of 200 you may not   |  |  |  |  |
|   |                               | nently reside. (If you | nently reside. (If you do not permanently reside have filed Form 1 for 2008. In          |  |  |  |  |  |
|   |                               |                        | Florida, file with the Supervisor of the county there your agency has its headquarters.) |  | 1F covers He final pertion                         |  |  |  |
| At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60 day posited that |                               |                        | State officers or specified state employes: file with the Commission on Ethics, P.O.     |  | ffice or enembyment. LYou to file Form for 2008 by |  |  |  |
|   |                               | Drawer 15709, Tall     | llahassee, FL 32317-5709;<br>3600 Maclay Boulevard,                                      | July 1 of 2009.  | AM 1   |  |  |  |
|   |                               | South, Suite 201, Ta   | illahassee, FL 32312.  |  | 1 0  |  |  |  |
|   |                               | falls under, see the ' | what category your position<br>"Who Must File" Instructions                              | 0.05   |  |  |  |  |
| requires filing financial dis   |                               | on page 3.             |  |  | ហ  |  |  |  |

Form 6.