FORM 1	FORM 1 STATEMENT OF				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		1	
LAST NAME FIRST NAME MIDDLE NA LAST NAME MIDDLE NA MAILING ADDRESS : 7471 CTLOYGIAMA	ME: Ray Drive	FOR OF USE ON		10000000000000000000000000000000000000	
CITY: POLEELIA FL'3 NAME OF AGENCY: CROC NAME OF OFFICE OR POSITION HELD O	ID No Conf.				
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	hthis form. Attach additional sheets			4, 0000	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAL A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2009 MANNER OF CALCULATING REPORTABL THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OR	WHETHER THIS STATEMENT IS <u>OR</u> D SPECIFY E INTERESTS: E OPTION OF USING REPOR	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN T TING THRESHOLDS THAT A	IER BASEI TEAR ENDI HE CALEN RE ABSOI	ING EITHER (check one): IDAR YEAR: LUTE DOLLAR VALUES, WHICH	
instructions for further details). PLEASE STA COMPARATIVE (PERCENTAGE) TH	TE BELOW WHETHER THIS ST	ATEMENT REFLECTS EITHER	t (check on	e):	
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	ME [Major sources of income to the sources of income to the sources of income to the sources of	ne reporting person]			
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PBST	TAMPA FLORic	TAMPA Florida		Ensmeering	
				· · · · · · · · · · · · · · · · · · ·	
· · · · ·	ICOME [Major customers, clients, , you must write "none" or "n/a AME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income t ") ADDRESS OF SOURCE	o business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
A/A					
/	• · · · · · · · · · · · · · · · · · · ·				
PART C REAL PROPERTY [Land, buildi (If you have nothing to report,	when a	G INSTRUCTIONS for nd where to file this form ated at the bottom of page 2.			
			file this begin o	RUCTIONS on who must s form and how to fill it out on page 3.	
		R FORMS you may need are described on page 6.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")							
		iustwitte none of n	-				
TYPE OF INTANGI	3LE		BUSINESS ENTITY TO WI	HICH THE PROPERTY RELATES			
JUCKS W PBD.		\$15,0	00				
• 							
· · · · · · · · · · · · · · · · · · ·							
PART E - LIABILITIES [Major de	htel						
(If you have nothing to	o report, you m	oust write "none" or "n/	a")				
NAME OF CREDITOR ADDRESS OF CREDITOR							
Sunmad Schoo							
				· · · · · · · · · · · · · · · · · · ·			
	<u></u>						
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")							
(ii you have nothing to		NESS ENTITY # 1	BUSINESS ENTITY #	2 , BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	10/000		<u></u>				
ADDRESS OF BUSINESS ENTITY	None						
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							
OWNERSHIF INTEREST							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (nequired):			DATĘ⁄\$	IGNED (required):			
_ Ear	ut/	an	A	6.70,700			
FILING INSTRUCTIONS:							
WHAT TO FILE:		WHERE TO FILE		WHEN TO FILE:			
After completing all parts of this form, including		If you were mailed the form by the Commission Initially, each local officer/employee, state					
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.		on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to					
If you have nothing to report in a particular		that location. appointment or of the beginning of employ					
section, you must write "none" or "n/a" in that		I ocal officers/emplo	yees file with the Supervisor	the Senate must file prior to confirmation, even			

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.

anty in winch they perma nently 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.

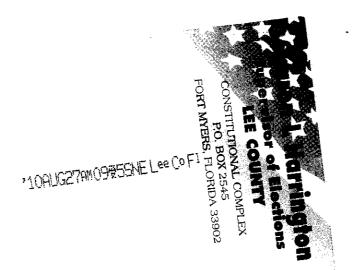
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local offic must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, stat officers, and specified state employees ar required to file by July 1st following ead calendar year in which they hold their pos tions.

Finally, at the end of office or employmen each local officer/employee, state officer, an specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment.



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

