FORM 1	STATEN	MENT OF		2009		
Please print or type your name, mailing address, agency name, and position below	FINANCIA	L INTERESTS	3	/		
LAST NAME FIRST NAME MIDDLE		FOR O				
PATTERSON JA	AMES ARMSTRO	USE OF				
MAILING ADDRESS: 23670 PEPPERMILL COURT						
			"" "	ode		
CITY:	ZIP: COUNTY:			/ 👸		
BONITA SPRINGS 34-134 LEE			 	<i>l</i> o.		
NAME OF AGENCY :			$ \bigvee_{n}$	f. Code ⊋		
BAYS IDE IMPROVED NAME OF OFFICE OR POSITION HELD	MENT CDD		1	츳		
BOARD SUPERVISOR	-4	Ì	P. Re	eq. Code		
You are not limited to the space on the line		ts, if necessary.		蓋		
CHECK ONLY IF	OR NEW EMPLOYEE OR	APPOINTEE		' æ		
	BOTH PARTS OF THIS SEC	TION MUST BE COMPLETED	*			
<mark>DISCLOSURE PERIOD:</mark> THIS STATEMENT REFLECTS YOUR FI				~		
A FISCAL YEAR. PLEASE STATE BELO	OW WHETHER THIS STATEMENT IS	S FOR THE PRECEDING TAX Y	EAR EN	DING EITHER (check one):		
DECEMBER 31, 2009	OR SPECIFY	Y TAX YEAR IF OTHER THAN T	HE CALE	NDAR YEAR:		
MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O	THE OPTION OF USING REPORT OR USING COMPARATIVE THRES	SHOLDS, WHICH ARE USUALL	LY BASEC	ON PERCENTAGE VALUES (see		
nstructions for further details). PLEASE : COMPARATIVE (PERCENTAGE)			•	one): IRESHOLDS		
PART A PRIMARY SOURCES OF INC			ALUE	RESHOLDS		
	ort, you must write "none" or "n/a					
NAME OF SOURCE OF INCOME	•	URCE'S		SCRIPTION OF THE SOURCE'S		
FORD MOTOR COMPAN		DORESS		RINCIPAL BUSINESS ACTIVITY		
SOC. SEC. ADMIN.				TO. MANUFAETURER		
	6214 TRAIL BLVD. A		Ι.	R. INSURANCE		
WELLS FARGO IRA		BR FTMYERS 33907		EST. COMPANY		
		SLVD. NAPLES 34108		EST, COMPANY		
PART B SECONDARY SOURCES OF (If you have nothing to repo	OF INCOME [Major customers, clients Oort , you must write "none" or "n/) busines	ses owned by the reporting personj		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	ı	PRINCIPAL BUSINESS		
	UP BUSINESS INCOME	OF BOUNDE		ACTIVITY OF SOURCE		
NONE		-				
DEAL PRODUCTY II and by	2. 1. 0					
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			
None				cated 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.			

PART D — INTANGIBLE PERSONAL PROPERTY	Stocks, bonds, certific	ates of deposit, etc.	1				
(If you have nothing to report, you mu	st write "none" or "n	/a")	•				
TYPE OF INTANGIBLE	1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
WELLS FARCO IRAS AND	STOCKS O	STOCKS CHOSEN BY MORAN GROUP NAPLES					
INVESTMENTS	570CKS 4 B	ONDS CHOSEN	BY LIGHTI	400 SE FT. N	NYERS		
				•	<u>-</u> *		
			i eye.	**			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must	st write "none" or "n/	a")		in the second			
NAME OF CREDITOR		ADDRESS OF CREDITOR					
NONE				e frage view			
-							
			· · · ·		•		
				····			
PART F — INTERESTS IN SPECIFIED BUSINESSES			f businesses]				
(If you have nothing to report, you must	write "none" or "n/a") ESS ENTITY # 1	·			ENTITY # 3		
	ESS ENTITY#1	BUSINES	S ENTIT # 2	BUSINESS	SENIIIT#3		
NAME OF BUSINESS ENTITY NOT	VE						
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 A ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required): May 28, 2010							

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 filling.

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.

FILING INSTRUCTIONS:

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.