PRINCIPLE INTERESTS  ANAITOR ADDRESS:  BERNOOTH ANAITOR ADDRESS OF THE BIRDS ON THE BIRDS	FORM 1	STATEM	MENT OF	2009	
MAILING ADDRESS:  MAILING ADDRESS ACTIVITY  MAILING		FINANCIAL	L INTERESTS		
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NAME OF OFFICE OR POSITION HELD OR SOUGHT:  You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  CHECK ONLY IF	Alva, Inc.	ZIP: COUNTY:		ID No.	<b>E</b>
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE  "BOTH PARTS OF THIS SECTION MUST BE COMPLETED"  DISCLOSURE PERIOD:  "BOTH PARTS OF THIS SECTION MUST BE COMPLETED"  DISCLOSURE PERIOD:  "BOTH PARTS OF THIS SECTION MUST BE COMPLETED"  DISCLOSURE PERIOD:  "BOTH PARTS OF THIS PERCEDING TAX YEAR. WHETHER BASED ON A CALENDAR YEAR OR ON A PISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING ETHER (check one):  DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:	Board of Di	reclo-		Conf. Code	C∘F1
CHECK ONLY IF CANDIDATE OR 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 YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):  MANNER OF CALCULATIONS REPORTABLE INTERESTS:  THE LEGISLATURE ALLOWS FLERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FOR CALCULATIONS, OR USING COMPARATIVE THRESHOLDS. WHICH ARE USUALLY SHAPE ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  **DOLLAR VALUE THRESHOLDS**  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")  NAME OF SOURCE  OF INCOME  OF BUSINESS INCOME  PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]  (If you have nothing to report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES  OF BUSINESS INCOME  OF SOURCE  OF SOURCE  OF SOURCE  ACTIVITY OF SOURCE  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 the source of the properting and the put of the source of the page 2.  INSTRUCTIONS on who must file this form and how to fill it out the source of the properting and whom to with fill it out the source of the properting and whom to with fill it out.	NAME OF OFFICE OR POSITION HELD	OR SOUGHT :		P. Req. Code	<del></del>
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file this form and how to fill it out	NA NA				
			<del></del>	file this form and how t	
OTHER FORMS you may need to file 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")								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
Suncoist Credit	Uniew	M	ing market	Account				
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	<del></del>		·		<u>,</u>			
<u> </u>								
	<u></u> -	-						
PART E — LIABILITIES [Major deb (If you have nothing to		vrite "none" or "r	n/a")					
NAME OF CREDIT	OR	ADDRESS OF CREDITOR						
NA.								
<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	NA							
ADDRESS OF BUSINESS ENTITY	<del>- , -</del>							
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u> </u>						
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A	THROUGH F AF	RE CONTINUE	D ON A SEPARATE SHI	EET, PLEASE CHECK HER	RE 🔲			
SIGNATURE (required):  DATE SIGNED (required):  - 4-11								
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.  WHERE TO FILE:  If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for on Ethics or a County Supervisor of Elections for on Ethics or a County Supervisor of Elections for officer, and specified state employee must be suppressed as a specified state of his or he								

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.

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.

appointment or of the beginning of employ ment. Appointees who must be confirmed b the Senate must file prior to confirmation, evel if that is less than 30 days from the date of the appointment.

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

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

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