FORM 1	STATEM	2009			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTEREST	$S \Gamma$	SCOPY	
LAST NAME FIRST NAME MIDDLE NA STEVENS PATRI	···= ·	FOR C	OFFICE ONLY:		
MAILING ADDRESS: 1925 VIRGINIA AU	E #1412			Zden J	
FT. MYERS 1	ID	116AM10@			
NAME OF AGENCY: CITIZENS ADLICE NAME OF OFFICE OR POSITION HELD OF BOARD MEMA		OARD	Cor P. R	100 N16AM10 \$35NE Lee Code eq. Code	
You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OR		•			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANT FISCAL YEAR. PLEASE STATE BELOW WE DECEMBER 31, 2009 MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR INSTRUCTIONS FOR FURTHER THE COMPARATIVE (PERCENTAGE) THE	VHETHER THIS STATEMENT IS OR SPECIFY INTERESTS: OPTION OF USING REPOR USING COMPARATIVE THRESI OF BELOW WHETHER THIS ST	RECEDING TAX YEAR, WHET FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN TING THRESHOLDS THAT A HOLDS, WHICH ARE USUAL ATEMENT REFLECTS EITHE	HER BASI YEAR ENI THE CALE ARE ABSE LY BASEI R (check o	DING EITHER (check one): ENDAR YEAR: DLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF INCOM	E [Major sources of income to t	he reporting person]	VALUE III	INEGRICEDO	
(If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE OF INCOME ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
U.S. SOCIAL SECURITY	OCIAL SECURITY				
BOEING - PENSION	CHICAGO IL	60606	AEROSPACE		
EE MEMORIAL H.S. CARE CORAL PL 3391			HOSPITAL		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income (If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADDRESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE				PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA					
PART C REAL PROPERTY [Land, buildin (If you have nothing to report, y	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 begin on page 3.				
				ER FORMS you may need are described on page 6.	

							
PART D — INTANGIBLE PERSON/ (If you have nothing to	AL PROPERTY [Stock report, you must wri	s, bonds, certificat te "none" or "n/a	tes of deposit, ")	etc.]			
TYPE OF INTANGIBL	.E	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NIA							
¥	i i						
Ŕ.							
PART E — LIABILITIES [Major dela (If you have nothing to	report, you must wri	te "none" or "n/a	")				
NAME OF CREDIT	OR	ADDRESS OF CREDITOR					
GMAC	<i>\$</i>	POBOX	3100	MIDLAND	TK 79702		
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					
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): '	Steven	e)		DATE SIGNED	(required): 7-16-10		
FILING INSTRUCTIONS:							
WHAT TO FILE:	-	HERE TO FILE			EN TO FILE:		

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.

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.

Initially, each local officer/employee, state officer, and specified state employee mus file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed by the Senate must file prior to confirmation, ever 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 the 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 posi-

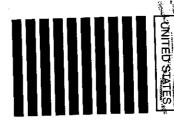
Finally, at the end of office or employment each local officer/employee, state officer, an specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment.

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BUSINESS REPLY MAIL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888



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