

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Taylor Todd Jonathon

MAILING ADDRESS :

5322 SELBY DRIVE

CITY : ZIP : COUNTY :

FORT MYERS 33919 Lee

NAME OF AGENCY :

LONA MCGREGOR FIRE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

190107P-025508 Lee Co FL

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:

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):

[X] DECEMBER 31, 2007 [] OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for 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 to the reporting person]

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Includes entry for BONITA SPRINGS FIRE- Rescue.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. This section is crossed out with a large diagonal line.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Table with 1 column: REAL PROPERTY. Includes entry for PRIMARY RESIDENCE - 5322 SELBY DR. FORT MYERS, FL 33919.

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

175 PENSION PLAN

BONITA SPRINGS FIRE RESCUE

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

COUNTRY WIDE

P.O. BOX 5170, SIMI VALLEY CA.
93062-5170

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

DO 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):

DATE SIGNED (required):

[Handwritten Signature]

8/18/08

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.

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.

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 Blvd. 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.

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

STATEMENT ON ETHICS
FOR REPORT
1/1/07

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Taylor Todd Jonathan

FOR OFFICE USE ONLY:

MAILING ADDRESS :
5322 SELBY DRIVE

SCANNED

CITY : *FORT MYERS* ZIP : *33919* COUNTY : *Lee*

ID Code
ID No. *73345*
Conf. Code
P. Req. Code

NAME OF AGENCY :
TONA McGregor Fire

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COMMISSIONER

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

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PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>BONITA SPRINGS FIRE RESCUE</i>	<i>27490 OLD 91 RD BONITA SPRINGS FL 34135</i>	<i>FIRE DEPT.</i>
<i>TONA McGREGOR</i>		
<i>FIRE DEPT</i>		

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

<i>PRIMARY RESIDENCE - 5322 SELBY DR. FORT MYERS, FL 33919</i>

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ADDRESS OF CREDITOR

Country wide

P.O. BOX 5170, SIMI VALLEY CA.
93062-5170

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[Handwritten Signature]

DATE SIGNED (required):

8/18/08

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Cheryl Forchilli
Chair
Roy Rogers
Vice Chair
Linda D. Conahan
Larry R. Handfield
Frank Kruppenbacher
Jean M. Larsen
Albert P. Massey, III
Thomas P. Scarritt, Jr.
Robert J. Sniffen



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Philip Claypool
Executive Director

Virlindia Doss
*Deputy Executive
Director*

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

October 8, 2008

The Honorable Sharon Harrington
Supervisor of Elections
PO Box 2545
Ft Myers FL 32902-2545

Dear Ms. Harrington:

Enclosed is the 2007 Form 1, Statement of Financial Interests, filed with this office by the following:

Todd Taylor 73365

If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in cursive script, appearing to read "Connie A Evans".

Connie A Evans
Executive Secretary

Enclosures



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Date Accepted 10/07/08	Scheduled Date of Delivery 10/08/08	Return Receipt Fee
Mo. Day Year 10 07 08	Month Day 10 08	Insurance Fee
Time Accepted 11:58 AM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee
Flat Rate <input type="checkbox"/> or Weight lbs. 1.5	Military <input type="checkbox"/> <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials
	Int'l Alpha Country Code	

FROM: (PLEASE PRINT) PHONE (214) 229-2617

TODD TAYLOR
5322 SEEBY DRIVE
FORT MYERS, FL 33919

FOR PICKUP OR TRACKING

Visit www.usps.com
Call 1-800-222-1811



DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt Mo. Day 10 8	Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Employee Signature <i>[Signature]</i>
Delivery Date Mo. Day 10 8	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature <i>[Signature]</i>

CUSTOMER USE ONLY

NO DELIVERY YES

TO: (PLEASE PRINT) PHONE ()

STATE OF FLORIDA
COMMISSIONER OF ETHICS
TALLAHASSEE, FL 32317-5700
AND SHARON TAYLOR

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