FORM 1 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : FOR OFFICE USE ONLY: ANDERBROOK SCOTT ALAN 21500 OAKS CITY: ESTERO FIRE RESCUE NAME OF AGENCY: FIRE CHEF 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 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): M **DECEMBER 31, 2009** 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] (If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY ESTERO FIRE RESCUE 21580 THREE DAKS FARKWAU DEPARTMENT ESTERO FL 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 NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for (If you have nothing to report, you must write "none" or "n/a") when and where to file this form are located at the bottom of page 2. NONE **INSTRUCTIONS** on who must

file this form and how to fill it out

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

begin on page 3.

PART D — INTANGIBLE PERSONAL (If you have nothing to re	. PROPERTY [Stocks, bonds, certifica port, you must write "none" or "n/a	tes of deposit, etc.] a")		
TYPE OF INTANGIBLE	<u> </u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
NONE				
A ₁				
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<u> </u>				
PART E — LIABILITIES [Major debts (If you have nothing to the NAME OF CREDITOR	port, you must write "none" or "n/a	ADDRESS OF CRE	DITOR	
NONE				
				Г
				Н
PART F — INTERESTS IN SPECIFIED (If you have nothing to rep	BUSINESSES [Ownership or position or, you must write "none" or "n/a") BUSINESS ENTITY # 1	ns in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME 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				
IF ANY OF PARTS A TH	IROUGH F ARE CONTINUED	ON A SEPARATE SHEET, PLI	EASE CHECK HERE	
SIGNATURE (required): DATE SIGNED (required):			required):	
	FILING INS	TRUCTIONS:		

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 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 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 the appointment.

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

Thereafter, local officers/employees, start officers, and specified state employees a required to file by July 1st following earlier calendar year in which they hold their politions.

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