FORM 1

STATEMENT OF

2009

| FORMI | STATEMEN | VI OF | 2009 |
|--|--|---|---|
| | FINANCIAL IN | TERESTS | GOMMISSION ON ETHICS |
| STE 500 444 SEABREEZE BL\ DAYTONA BEACH, F | Also Asst. Attended has Fla. Dept. of legal ommission-7th Circuit | | FICE DATE RECEIVED |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OR APPOIN | TEE | |
| A FISCAL YEAR. PLEASE STATE BEI DECEMBER 31, 2009 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS | TABLE INTERESTS: S THE OPTION OF USING REPORTING OR USING COMPARATIVE THRESHOLDS E STATE BELOW WHETHER THIS STATEME | ING TAX YEAR, WHETH THE PRECEDING TAX Y EAR IF OTHER THAN TH THRESHOLDS THAT AN S, WHICH ARE USUALL' ENT REFLECTS EITHER | EAR ENDING EITHER (check one): HE CALENDAR YEAR: RE ABSOLUTE DOLLAR VALUES, WHICH Y BASED ON PERCENTAGE VALUES (see |
| | NCOME [Major sources of income to the report, you must write "none" or "n/a") SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
| NIA | | | |
| PART B - SECONDARY SOURCES (If you have nothing to re NAME OF BUSINESS ENTITY | OF INCOME [Major customers, clients, and of aport, you must write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| | | | |

| BUSINESS ENTITY | OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-----------------|---------------------|----------------------|--|
| NIA | | | |
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PART C — REAL PROPERTY [Land, buildings owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NIA

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.

| | report, you must write "none" or "n/a | ates of deposit, etc.] | | |
|--|--|---|---------------------|--|
| TYPE OF INTANGIBLE | E | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | |
| NIA | | | | |
| ART E — LIABILITIES [Major debts (If you have nothing to re | s] eport, you must write "none" or "n/a | ") | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | |
| ART F — INTERESTS IN SPECIFIED (If you have nothing to rep | BUSINESSES [Ownership or positions port, you must write "none" or "n/a") | s in certain types of businesses] | | |
| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | |
| AME OF BUSINESS ENTITY | | | | |
| | | | | |
| DDRESS OF BUSINESS ENTITY | ALIA | | | |
| DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY | NIA | | | |
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| DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DSITION HELD WITH ENTITY DWN MORE THAN A 5% TEREST IN THE BUSINESS ATURE OF MY WNERSHIP INTEREST | | ON A SEPARATE SHEET, PLE | ASE CHECK HERE | |
| PRINCIPAL BUSINESS ENTITY POSITION HELD WITH ENTITY OWN MORE THAN A 5% NITEREST IN THE BUSINESS IATURE OF MY WINDOWN MORE THAN A 5% NITEREST IN THE BUSINESS IATURE OF MY WINDOWN MORE THAN A 5% IF ANY OF PARTS A THE GIGNATURE (required): | | ON A SEPARATE SHEET, PLE DATE SIGNED (re | equired): | |

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.

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