FORM 1

STATEMENT OF

2009

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS DATE RECEIVED JUN 2 1 2010

Allison Leigh Morris **Assistant Attorney General** Judicial Nominating Commission-7th Circuit 7th Judicial Circuit 1945 DEERFOOT RUN DELAND, FL 32720-4448

ID No.

ID Code

24841

Conf Code

P. Req. Code

Morris, Allison Leigh

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):

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

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

SOURCE'S **ADDRESS**

DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

Dept Legal Attains

Tallahassee FZ

criminal appellately vactice

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 **BUSINESS ENTITY** NAME OF MAJOR SOURCES OF BUSINESS' INCOME

ADDRESS OF SOURCE

PRINCIPAL BUSINESS **ACTIVITY OF SOURCE**

NONE

PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

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.

TYPE OF INTANGIE	BLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
Nove			in the second
ART E — LIABILITIES [Major de (If you have nothing to NAME OF CREDIT	report, you must write "none" or "i	n/a") ADDRESS OF CR	PEDITOR
Citimorgage Cho	me loan		
7/2 KX 1) / pay. /	, //		
5/3 Bank (equit	y line)		
213 Bank legul	y line)		
ART F — INTERESTS IN SPECIFII	ED BUSINESSES [Ownership or positive poor, you must write "none" or "n/a BUSINESS ENTITY # 1	ions in certain types of businesses] ") BUSINESS ENTITY # 2	BUSINESS ENTITY#3
ART F — INTERESTS IN SPECIFII (If you have nothing to	BUSINESS ENTITY # 1	"	BUSINESS ENTITY # 3
ART F — INTERESTS IN SPECIFII (If you have nothing to	report, you must write "none" or "n/a	"	BUSINESS ENTITY # 3
IRT F — INTERESTS IN SPECIFII (If you have nothing to interest of BUSINESS ENTITY) (IRT F — INTERESTS IN SPECIFII (If you have nothing to interest of BUSINESS ENTITY)	BUSINESS ENTITY # 1	"	BUSINESS ENTITY # 3
ART F — INTERESTS IN SPECIFII (If you have nothing to a AME OF BUSINESS ENTITY DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY	BUSINESS ENTITY # 1	"	BUSINESS ENTITY #3
ART F — INTERESTS IN SPECIFIC (If you have nothing to a specific section). AME OF BUSINESS ENTITY DORRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTRICT HEAD WITH ENTITY DWN MORE THAN A 5% ITEREST IN THE BUSINESS	BUSINESS ENTITY # 1	"	BUSINESS ENTITY # 3
ART F — INTERESTS IN SPECIFIC (If you have nothing to a second of the se	BUSINESS ENTITY # 1	"	BUSINESS ENTITY # 3
ART F — INTERESTS IN SPECIFIC (If you have nothing to a AME OF BUSINESS ENTITY DORESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTRICT HELD WITH ENTITY DWN MORE THAN A 5% TEREST IN THE BUSINESS ATURE OF MY WNERSHIP INTEREST	BUSINESS ENTITY # 1	"	

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 her appointment or of the beginning of employment. 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 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