

#105689873

FORM 1

STATEMENT OF

FILED

2005

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Fakhoury, Riyadh A.

MAILING ADDRESS:

Po Box 4428

CITY:

Ocala 34478 Marion

ZIP:

COUNTY:

NAME OF AGENCY:

Central Florida Community College

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board of Trustees

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

RECEIVED
2006 AUG -4 AM 11:37
COMMISSION ON ETHICS
SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA
DATE RECEIVED
JUL 07 2006
ID Code
ID No. 207370
Conf. Code
P. Req. Code

SCANNED

PDF 2005

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, 2005 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]

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|------------------|---|
| Riyadh Fakhoury DCSA | 1021 SW 17th St | Chiropractic clinic |
| | | |
| | | |

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]

| |
|-----------------|
| 1021 SW 17th St |
| 3110 SE 17th Ct |
| |
| |

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.

#105689873

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] | |
|--|---|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| PART E — LIABILITIES [Major debts] | |
|------------------------------------|---------------------|
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| AmSouth | Ocala, FL |
| | |
| | |
| | |
| | |

| 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 | Fakhoury Chiropractic | | |
| ADDRESS OF BUSINESS ENTITY | 10215 W 17th St | | |
| PRINCIPAL BUSINESS ACTIVITY | Chiropractic | | |
| POSITION HELD WITH ENTITY | President | | |
| DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | yes | | |
| NATURE OF MY OWNERSHIP INTEREST | Prof. Assoc. | | |

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

| | | | |
|-----------------------|---|-------------------------|---------|
| SIGNATURE (required): |  | DATE SIGNED (required): | 4/18/06 |
|-----------------------|---|-------------------------|---------|

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 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.

Norman M. Ostrau
Chair
Albert P. Massey, III
Vice Chair
Michael W. Brown
Mike Carr
Kurt D. Jones
Latour "LT" Lafferty
Charles Lydecker
Christopher T. McRae
Thomas P. Scarritt, Jr.



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

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

Bonnie J. Williams
Executive Director

Philip C. Claypool
General Counsel

(850) 488-7864 Phone
278-7864 Suncom
(850) 488-3077 (FAX)

www.ethics.state.fl.us

August 1, 2006

Riadh A Fakhoury
P O Box 4428
Ocala, FL 34478

Dear Mr. Fakhoury:

Your Form 1, Statement of Financial Interests, has been misfiled with the Commission on Ethics. By copy of this letter, I am forwarding said form to the Marion County Supervisor of Elections for appropriate filing.

Sincerely,

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

Connie A Evans
Executive Secretary

cc: Dee Brown
Marion County Supervisor of Elections (w/enclosure)