

**FORM 1X**

**AMENDMENT TO FORM 1  
STATEMENT OF FINANCIAL INTERESTS**

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 1): <u>Steinemann Cindy Jones</u>	♦ THIS FORM 1X AMENDS THE FORM 1 (Statement of Financial Interests) I FILED FOR THE YEAR: <u>2007</u>
MAILING ADDRESS: <u>10435 SE 42<sup>nd</sup> CT #105692000</u>	♦ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: <u>City Council Candidate</u>
CITY: <u>Belleview</u> ZIP: <u>34420</u> COUNTY: <u>Marion</u>	♦ WITH THIS GOVERNMENTAL AGENCY: <u>City of Belleview</u>

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

- COMPARATIVE (PERCENTAGE) THRESHOLDS (mandatory for filings prior to 2001; elective for filings beginning in 2001)  
 OR  
 DOLLAR VALUE THRESHOLDS (elective for filings beginning in 2001)

**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
<u>Re/Max Premier Realty</u>	<u>13940 US Hwy 441, Lady Lake FL</u>	<u>Real Estate Agent</u>

**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'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<u>N/A</u>			

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

<u>Land off SE 144<sup>th</sup> PL, Summerfield FL (approx. 1/2 acre) 34491</u>
<u>Home - 10435 SE 42<sup>nd</sup> CT, Belleview FL 34420</u>
<u>Home - 11510 SE 178<sup>th</sup>, Summerfield FL 34491</u>

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<u>IRA</u>	<u>State Farm</u>

105692000

**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

BB+T Mortgage

P.O. Box 680364 Charlotte, NC. 28258-6364

Popular Mortgage Inc

121 Woodcrest Rd. Cherry Hill, N.J. 08003

CITI

100 Citibank Dr. San Antonio Texas 78246

**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			

**PART G — EXPLANATION OF CHANGES**

Empty space for explanation of changes.

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

SIGNATURE:

*Cathy J. Steiner*

DATE SIGNED:

9/10/09

**FILING INSTRUCTIONS:**

**WHERE TO FILE:**

Return the form to the location where you filed the Form 1 that you are seeking to amend.

**Local officers** should have filed with the Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor

of the county where your agency had its headquarters.)

**State officers' or specified state employees'** forms should be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** should have filed their Form 1

together with their qualifying papers.

**QUESTIONS:**

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

**INSTRUCTIONS FOR COMPLETING FORM 1 X:**

**INTRODUCTORY INFORMATION** (At Top of Form):

**NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY:** Use the same information as on the original Form 1 you are seeking to amend.

**MAILING ADDRESS:** Use your current mailing address.

**MANNER OF CALCULATING REPORTABLE INTERESTS:** Check the box that corresponds to the type of thresholds you used for the original Form 1 you are seeking to amend.

**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 1, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

**PART G:**

Use this section of the form to explain the changes you are making in your original Form 1.