

2009 AUG 12 AM 11:02

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

SUPERVISOR OF ELECTIONS  
PERSON'S AGENCY: FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME: 105761275

STAFFORD, FRANK E., JR.

MAILING ADDRESS:

334 NW 3RD AVE

NAME OF REPORTING PERSON'S AGENCY: FLORIDA  
CENTRAL FLORIDA COMMUNITY COLLEGE

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- LOCAL OFFICER
- STATE OFFICER
- SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: BOARD OF TRUSTEES

CITY: Ocala ZIP: 34475 COUNTY: MARION

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2009 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS MAY 31, 2009. (Date must be prior to 12/31/09)

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
DUGGAN, JOINER & CO	334 NW 3RD AVE OCALA, FL 34475	CPA FIRM
INDEPENDENT NAT'L BANK	P.O. BOX 2900 OCALA, FL 34478	DIRECTOR

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE,	NO ONE CLIENT EXCEEDS	10% OF SOURCES OF INCOME	

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

25% INTEREST IN FIVE ACRES LAND
5200 SE PINE AVE, HWY 441, Ocala, FL

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 of this packet.

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

105761275

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
401-K AND IRA RETIREMENT PLANS; STOCK, M/M AND MORTGAGES	DUGGAN, JOHNSON & CO, CPAs

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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	INDEPENDENT NAT'L BANK		
ADDRESS OF BUSINESS ENTITY	P.O. BOX 2900, OCHAUA, FL 34418		
PRINCIPAL BUSINESS ACTIVITY	BANKING		
POSITION HELD WITH ENTITY	DIRECTOR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NO		
NATURE OF MY OWNERSHIP INTEREST	STOCK		

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

SIGNATURE: *Frank E. Steiner* DATE SIGNED: 8/11/09

### FILING INSTRUCTIONS:

**WHAT TO FILE:**  
 After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

**WHEN TO FILE:**  
 At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**  
**Local officers:** file with the Supervisor of Elections of the county in which you 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.  
 To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**  
 If you are leaving office or employment during the first half of 2009, you may not have filed Form 1 for 2008. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2008 by July 1 of 2009.