

**FINANCIAL INTERESTS**

105771609

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:  
GIRARDIN, SANDRA J

MAILING ADDRESS:  
PO BOX 107/5511 AVE G

CITY: MCINTOSH FL. 32664 ZIP: COUNTY: MARION

NAME OF AGENCY:  
CODE ENFORCEMENT BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
ALTERNATE

ID Code

ID No.

Conf. Code

P. Req. Code

SUPERVISOR OF ELECTIONS  
MARION COUNTY FLORIDA

2011 JUL -5 AM 8:02

RECEIVED

**\*\*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 (must check one):

DECEMBER 31, 2010 **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 (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS **OR**  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
SOCIAL SECURITY	US GOV'T	SOCIAL SECURITY BENEFITS
RODNEY CLORE		MORTGAGEE
WILLIAM WALTERMIRE	20611 2nd st mcintosh fl.32664	rentor
victor milano	5445 ave g	rentor

**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

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

HUDSON'S PROPERTY, 5425,5445,5465AVE G AND 20611 2ND ST

**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.

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (if you have nothing to report, you must write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
simple ira	ubs financial palm beach gadens fl.
VARIOUS MOBILE HOMES	SPORTSMANS COVE RESORT DBA SUN JUMP GROUP LLC
VARIOUS PARK MODELS	SPORTSMANS COVE RESORT DBA SUNNY JUNCTION GROUP LLC
VARIOUS TRAVER TRAILERS	SPORTSMANS COVE RESORT DBA SUNNY JUNCTION GROUP LLC

PART E — LIABILITIES [Major debts] (if you have nothing to report, you must write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
brenda harris	
donald braddock	5400 AVE G MCINTOSH FL. 32664
various credit cards	
JUDITH BALDWIN	321 BURROWS HILL RD HEBRON CT 06231

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (if you have nothing to report, you must write "none" or "n/a")			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	SPORTSMANS COVE RESORT	SUN JUMP GROUP LLC	SUNNY JUNCTION GROUP LLC
ADDRESS OF BUSINESS ENTITY	5423 AVE F/PO BOX 107	SAME	SAME
PRINCIPAL BUSINESS ACTIVITY	TOURISM	MOBILE HOME PARK	R/V PARK
POSITION HELD WITH ENTITY	OWNER	OWNER	OWNER
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	YES
NATURE OF MY OWNERSHIP INTEREST	100	100	100

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

SIGNATURE (required):



DATE SIGNED (required):

10/30/11

**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.