FORM 1	STAT	EMENT OF	2008		
Please print or type your name, mailing address, agency name, and position below	FINANCI	AL INTERE	ESTS		
Jon Dorman 12224 Orlando 892 Lancer Cir Ocoee, Fl 34761			FOR OFFIC		A WES
NAME OF AGENCY:				ID No	9: 21
NAME OF OFFICE OR POSITION HEL	D OB SOLICHT			Conf.	
NAME OF OFFICE OR FOSITION REL	D OR SOUGHT:		1	P. Red	q. Code
You are not limited to the space on the line CHECK ONLY IF	es on this form. Attach additional OR NEW EMPLOYEE				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FAFISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2008  MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (instructions for further details). PLEASE COMPARATIVE (PERCENTAGE)	OR STATEMENT OR STATEMENT OR SPE ABLE INTERESTS: THE OPTION OF USING RIOR USING COMPARATIVE THE STATE BELOW WHETHER THE	ENT IS FOR THE PRECEDING THE PRECEDING THRESHOLDS HRESHOLDS, WHICH ARE HIS STATEMENT PERFECTS	NG TAX YEAR THAN THE  THAT ARE USUALLY I	CALEN  ABSO BASED  Check on	ING EITHER (check one):  IDAR YEAR:  LUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF IN NAME OF SOURCE	COME [Major sources of incon	me to the reporting person] SOURCE'S		DES	CRIPTION OF THE SOURCE'S
OF INCOME	7 1.4	ADDRESS			NCIPAL BUSINESS ACTIVITY
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1947					A STATE OF THE PARTY OF THE PAR
	3475011	MINNEY TO			
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	F INCOME [Major customers, c NAME OF MAJOR SOURCE OF BUSINESS' INCOME		ESS	usinesse	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
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		-14-15-16-17-17			
PART C REAL PROPERTY [Land, b	uildings owned by the reporting	person]		and wh	G INSTRUCTIONS for when nere to file this form are locat- he bottom of page 2.
N/T				this for on pag	RUCTIONS on who must file rm and how to fill it out begin e 3.  R FORMS you may need to described on page 6.

PART D — INTANGIBLE PERSO TYPE OF INTANG	ONAL PROPERTY (Stocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
1/h			
N/A			
PART E — LIABILITIES (Major of NAME OF CRED		ADDRESS OF CRED	ITOR
N/A			
N / 1			
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ownership or position	ons in certain types of businesses]	
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	•		
ADDRESS OF BUSINESS ENTITY	11/1		
PRINCIPAL BUSINESS ACTIVITY	N/N		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
IF ANY OF PARTS	THROUGH FARE CONTINUE	D ON A SEPARATE SHEET, PLE	ASE CHECK HERE
SIGNATURE (required):	L Dan	DATE SIGNED (re	equired): 6/19/09
//	FILING IN	STRUCTIONS:	
WHAT TO FILE: After completing all parts of this	WHERE TO FIL	E: WHEI	N 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.

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 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 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.

FORM 1	STATEMENT OF				<b>2007</b> දූ	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERE	STS		NUL B	Elvis Elsi
Dorman, Jon A. 12224 Deputy Director - Centroplex Orlando Employees 892 Lancer Cir	<b>_</b>		FOR OFFICE USE ONLY:		27 A 10	COWLES OR OF ELEC
Ocoee, Fl 34761			QI	Code	ω	SNO
NAME OF AGENCY :				No.		
NAME OF OFFICE OR POSITION HELD (	DR SOUGHT :			nf. Code Req. Code	·····	
You are not limited to the space on the lines of CHECK ONLY IF   CANDIDATE OF		<u> </u>		_		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2007	WHETHER THIS STATEMENT IS F	CEDING TAX YEAR	, WHETHER BAS IG TAX YEAR EI	NDING EITHER (che	AR YEAR O'ck one):	R ON
MANNER OF CALCULATING REPORTABING THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE ST	HE OPTION OF USING REPORT USING COMPARATIVE THRESHO TATE BELOW WHETHER THIS STA	DLDS, WHICH ARE TEMENT REFLECTS	USUALLY BASE	ED ON PERCENTAC one):	/ALUES, W SE VALUES	/HICH 3 (see
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the SOUR ADDR	CE'S		ESCRIPTION OF TH		
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M						
PART B SECONDARY SOURCES OF IN  NAME OF  BUSINESS ENTITY	NCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	nd other sources of in ADDRE OF SOUI	SS	PRINCIPA	eporting pers	ss
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PART C REAL PROPERTY [Land, build	lings owned by the reporting person		and ed at	NG INSTRUCT where to file this the bottom of pa	form are lo ge 2. who mus	ocat- t file
10/71			on pa	form and how to f age 3. IER FORMS you re described on p	u may nee	-

PART D — INTANGIBLE PERSON TYPE OF INTANGIB		oonds, certificat	es of deposit, etc.] BUSINESS ENTITY TO WHIC	H THE PROPI	ERTY RELATES
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10/17					
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PART E — LIABILITIES [Major do NAME OF CREDI	ebts] ITOR		ADDRESS O	F CREDITOR	
( /10					
NIA					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
PART F INTERESTS IN SPECIF	FIED BUSINESSES [Owner	ership or position	ns 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	NIA				
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):			DATE SI	GNED (require	ed):

### WHAT TO FILE:

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#### NOTE:

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# **FILING INSTRUCTIONS:**

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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.

CE FORM 1 - Eff. 1/2008 PAGE 2

FORM 1	STATEM	ENT OF		2006
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	<b>INTERESTS</b>	S	
LAST NAME FIRST NAME MIDDLE NA	ME:	FOR O		
MAILING Ton A Domes 12224		USE O	NLY:	SU SU
Jon A. Dorman 12224  Deputy Director - Centro Orlando  892 Lancer Cir	oplex		ID Code	PERVISOR CRANGE C
Ocoee, Fl 34761			ID No.	OF ELEN DUNTY.
NAME OF OFFICE OR POSITION HELD O	R SOUGHT :		Conf. Code P. Req. Code	E 09
You are not limited to the space on the lines or CHECK ONLY IF CANDIDATE OR		*		
A FISCAL YEAR. PLEASE STATE BELOW WE DECEMBER 31, 2006  MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR INSTRUCTIONS FOR FURTHER DETAILS. PLEASE STATE OF THE PROPERTY OF T	OR SPECIFY TO SPECIFY	AX YEAR IF OTHER THAN T NG THRESHOLDS THAT A DLDS, WHICH ARE USUALI TEMENT REFLECTS EITHER	HE CALENDAR YEA	AR: DLLAR VALUES, WHICH CENTAGE VALUES (see
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOME	ME [Major sources of income to the SOUR ADDR	CE'S		N OF THE SOURCE'S BUSINESS ACTIVITY
City of Orinno	600 West fronch	a, Oal, FE 32801	GoV.	
PART B SECONDARY SOURCES OF INCOME.  NAME OF NAME OF BUSINESS ENTITY	COME [Major customers, clients, at AME OF MAJOR SOURCES OF BUSINESS' INCOME	nd other sources of income to ADDRESS OF SOURCE	ı P	by the reporting person] RINCIPAL BUSINESS CTIVITY OF SOURCE
N//A				
PART C REAL PROPERTY [Land, building	ngs owned by the reporting person]		and where to fi ed at the botton	
$-\mathcal{N}/\mathcal{P}$				ONS on who must file ow to fill it out begin

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

PART D — INTANGIBLE PERSO TYPE OF INTANG		bonds, certific	ates of deposit, etc.} BUSINESS ENTITY TO WHICH THI	E PROPERTY RELATES
	· ·			
, )				
N/A				
10/11				
			·	
PART E — LIABILITIES [Major of NAME OF CREE	debts] DITOR		ADDRESS OF CRI	EDITOR
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N/A				
/ / / / /				
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PART F INTERESTS IN SPEC	IFIED BUSINESSES [Own-	ership or position	ons 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		h		
POSITION HELD WITH ENTITY	X//F	4		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	/ / / ·			
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS	A THROUGH F ARE	CONTINUE	D ON A SEPARATE SHEET, PI	EASE CHECK HERE
SIGNATURE (required):	Dan		DATE SIGNED	(required):

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