IN THE SUPREME COURT OF FLORIDA

STATEWIDE	GRAND	JURY	

IN RE:

CASE NO. SC09-1910

AMENDED MOTION TO FILE AMICUS CURIAE PETITION

COMES NOW, the Movant, C. Gray, and files this Amended Motion for Leave to File an Amicus Petition with the Court regarding the designation of the Fifteenth, Sixteenth, Seventeenth, Twentieth and Eleventh Circuits be considered the "base operating area" of the Grand Jury and as grounds would allege as follows:

1. On October 5, 2009, the Movant filed a Sworn Complaint with the Ethics Commission concerning misconduct at the Public Service Commission involving financial dealings between a Commissioner of the Public Service Commission and a lobbyist. The Movant's Complaint with the Florida Ethics Commission also alleged that a Commissioner of the Public Service Commission had filed false and misleading financial disclosures while a member of the Legislature. This Complaint is currently pending before the Ethics Commission. This conduct may involve criminal activity involving political corruption of the type described in the Governor's Petition. The Sworn Ethics Complaint of the Movant is attached hereto as Exhibit "A" solely to address and identify the Movant's interests in the particular issues raised before this

Court by the Governor's Petition for Order to Impanel a Statewide Grand Jury and the implied limitation of the jurisdiction of the Statewide Grand Jury to certain judicial circuits, which do not include the Second Judicial Circuit, the principle place of business of the Public Service Commission. In this Amended Motion, the Movant has filed as an Appendix, Financial Disclosures of the Public Service Commissioner from 2000 to 2008.

On October 5, 2009 by letter, the Movant requested that the Governor 2. investigate the actions of the Public Service Commission and provided the Governor with a copy of the Sworn Ethics Complaint. The Governor did not address the Movant's letter or the matters raised in the Movant's Sworn Ethics Complaint in his Petition to investigative political corruption within the State of Florida. The Petition filed by the Governor made no mention of any matters involving the Public Service Commission raised by the Movant's Ethics Complaint. The Movant requests leave to file this Motion to file an Amicus Curiae Petition and to provide the information set forth in the Sworn Ethics Complaint, other information and to request that if this Court acts to empanel a Statewide Grand Jury that this Court specifically set forth in its Order creating such Statewide Grand Jury that an area of investigative interest specifically include the Public Service Commission as well as those matters set forth in the Movant's Sworn Ethics Complaint.

3. The Movant has conferred with counsel for the Petitioner who has objected to the Movant's initial Motion as well as the Movant's Amended Motion.

NOW, THEREFORE, the Movant, C.Gray by and through her undersigned counsel files this Amended Motion to File an Amicus Curiae Petition for the reasons set forth above.

Dated this 21st day of October, 2009.

Law Offices of Steven R. Andrews, Esquire

822 North Monroe Street

Tallahassee, Florida 32303

T: (850) 681-6416

F\ (850) 681-6984\

STEVEN ANDREWS, ESQUIRE

FLA. BARYD NO. 0263680

CERTIFICATE OF COMPLIANCE

I HEREBY CERTIFY that this Motion complies with the font requirements of Florida Rule of Appellate Procedure 9.210(a)(2).

STEVENR. ANDREWS, ESQUIRE

MOVANT

Previously Executed
C. GRAY

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by Hand Delivery and in accordance with AOSC04-84, to Robert R. Wheeler, General Counsel, Office of the Governor, The Capitol, 400 South Monroe Street, Suite 209, Tallahassee, Florida 32399, this 21st day of October, 2009.

STEVEN R. ANDREWS, ESQUIRE

IN THE SUPREME COURT OF FLORIDA

IN RE:	
STATEWIDE GRAND JURY	CASE NO. SC09-1910
/	

APPENDIX TO MOVANT'S AMENDED MOTION TO FILE AMICUS CURIAE PETITION

INDEX TO APPENDIX

1.	Form 6, Full and Public Disclosure of Financial Interests for the year 2000	ıb 1
2.	Form 6, Full and Public Disclosure of Financial Interests for the year 2001	ıb 2
3.	Form 6, Full and Public Disclosure of Financial Interests for the year 2002	ab 3
4.	Form 6, Full and Public Disclosure of Financial Interests for the year 2003	ab 4
5.	Form 6, Full and Public Disclosure of Financial Interests for the year 2004	ab 5
6.	Form 6, Full and Public Disclosure of Financial Interests for the year 2005	ab 6
7.	Form 1, Statement of Financial Interests for the year 2006	ab 7
8.	Form 6, Full and Public Disclosure of Financial Interests for the year 2006	ab 8
9.	Form 1, Statement of Financial Interests for the year 2007	ab 9
10.	Form 6F, Final Full and Public Disclosure of Financial Interests for the year 2007	o 10
11.	Form 1, Full and Public Disclosure of Financial Interests for the year 2008	o 11

CERTIFICATE OF SERVICE OF APPENDIX TO MOVANT'S AMENDED MOTION TO FILE AMICUS CURIAE PETITION

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by Hand Delivery and in accordance with AOSC04-84, to Robert R. Wheeler, General Counsel, Office of the Governor, The Capitol, 400 South Monroe Street, Suite 209, Tallahassee, Florida 32399, this 21st day of October, 2009.

STEVEN R. ANDREWS, ESQUIRE

FORM 6 FULL AND PUBLIC DISCLOSURGE CESSED 2000

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Wachovia - Atlanta, Georgia		16.000
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CONTINUATION OF PART B - ASSETS:

Office furniture:

\$1,500.00

Antiques:

\$8,000.00

Recreational Equip.

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Recreational Vehicle

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Equitable interest, 6443

W. Riverbend Rd.,

Citrus County, Florida:

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CONTINUATION OF PART C - LIABILITIES:

MBNA America, Wilmington, DE

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DS-DE 24 (Rev. 8/99)

Per Cennie Evans request, Driginal Mailed to Division of Elections. Candidate for Senate, District 3.

FORM 6 FULL AND PUBLIC DISCLOSURE OF COMMISSION ON ETHICS FINANCIAL INTERESTS DATE RECEIVED FOR OFFICE USE ONLY: JUL -2 03 Hon Nancy Argenziaho ID Code State Senator, 3rd District Senate Elected Constitutional Officer 72581 1120 N Suncoast Blvd Crystal River, FL 34429-5474 ID No. Conf. Code P. Req. Code **** CHECK IF THIS IS A FILING BY A CANDIDATE PART A -- NET WORTH Please enter the value of your net worth as of December 31, 2002, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.] , 20<u>02</u> was \$ 201, 800. My net worth as of PART B -- ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ $\frac{327000}{1000}$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: **DESCRIPTION OF ASSET** VALUE OF ASSET Dunnellon 000.00 $\mathcal{N}C$ 000 PART C -- LIABILITIES LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY W) Interville - Williams Dunnelly 00 500.00 2954 JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

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ATTACHMENT E

FORM 6 FULL AND PUBLIC DISCLOSUR	E OF	2003
Piezse print or type your name, mailing address, agency name, and position below: Last NAME — FIRST NAME — MIDDLE NAME: Argenziand — Nancy — MAIL INTERESTS FOR OFFICE ONLY FOR OFFICE OR POSITION HELD OR SOUGHT: PARTA — NET WORTH	COM	MISSION ON ETHICS DATE RECEIVED 101 27 2004 102 27 2004 103 0F ELECTION SECRETARY OF STA
Please enter the value of your net worth as of December 31, 2003, or a more current date. [Note: Net worth is liabilities from your reported assets, so please see the instructions on page 3.] My net worth as of	•	
PART B-ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. If not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; how other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 09, 6 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET Suntrust Swings - Suncoast Blod. Crystal River, fi Trust interest in 88 OAKVIII age Blod S - Homosassa to 6423-W. Riverband Rd Dunnellon, fi (Residence) Lut 72 + 73 Funtina Ridge Properties - Bryson cit Suntrust Checking - Suncoast BIVd - Crysta River, fi	FL (mather)	
PART C-LIABILITIES LIABILITIES IN EXCESS OF \$1,800: NAME AND ADDRESS OF CREDITOR Wachovia- 1451 thomas langston Rd, Winterville, N.C Dunnellon State Bank. Williams St. Dunnellon, F2 Cane Creek Properties Dev. 29546 Hwy 54-2ephyrhills JEAN Marchese- 88 OAK Village Blod S- Homosassa FC JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	-	AMOUNT OF LIABILITY 7,000.00 79,000.00 11,200.00 10,000.00
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		PART D	- INCOME		
You may EITHER (1) file a con separate source and amount of					
 		_	ck this box and attach a copy	• •	
the remainder of Part D. PRIMARY SOURCES OF INCO	-1			•	
NAME OF SOURCE OF INC			ADDRESS OF SOURCE OF	7.5 5 -	AMOUNT
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Mramrs C. la	٢٠	6419-	W. Riverband R	1-Jungilm	19,500.00
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SECONDARY SOURCES OF IN NAME OF	NCOME [Major customers, cil NAME OF MAJOF	•	sinesses owned by reporting ADDRESS	-	os): PRINCIPAL BUSINESS
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		particular commence of the company			
,	PART-E - I	NTERESTS	IN SPECIFIED BUSINE	ESSES	
	BUSINESS ENTITY	#1 [BUSINESS ENTITY # :	2 BUS	SINESS ENTITY # 3
NAME OF BUSINESS ENTITY			· · · · · · · · · · · · · · · · · · ·		
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY			ANTENNAMENTAL STATE OF THE STAT		
POSITION HELD WITH ENTITY			·		·
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A	A THROUGH E ARE CO	ONTINUED (ON A SEPARATE SHEE	T, PLEASE CHEC	CK HERE
UA	TH		NTY OF	ion	
i, the person whose name appear	s at the	Swor	n to (or affirmed) and subscri	bed before me this	UH day of
beginning of this form, do depose		ì	whi N'	Land	Avannion
and say that the information discident any attachments hereto is true		7	200	(p) () ()	- 1 1 9 9 1 7 1 W. P
and complete.	w. uoqu.u.o,		He Man	o X Day	
		(Sign)	31 2020 CAN SEEDING	NEX PAUGIE	
			MY COMMIS EXPIRES	SION # DD 286002 January 28, 2008	
they als	n-w.	(Print,	Type of Gramp Completion	very fished intermental	iblic)
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	- Perso	nally Known C	OR Produced Identifi	cation
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errennenge er men skrivet kan skippellen kantel (så) promoning upfall skyr fillste eder er er gjelde skippeg Om år fra men skyre er e		Type o	of Identification Produced		
FILING INSTRUCTIONS for wh					İ
OTHER FORMS you may need		-	 		

Continuation of Part B

Description of Asset	Value of Asset
Lot 6-12, Dr. Weiters Subdivision, Swain Co., NC (35%)	\$66,500
Lot 13, Dr. Weiter's Subdivision, Swain Co., NC (35%)	\$10,500
1989 Vogue MotorHome	\$10,000

OH JUL 12 PH12: 14

FULL AND PUBLIC DISCLOSURE OF 2004 FORM 6 FINANCIAL INTERESTS COMMISSION ON ETHICS FOR OFFICE DATE RECEIVED USE ONLY: ***********AUTO**3-DIGIT 344 T79 P1 6 JUN 2 2 2005 Hon Nancy Argenziano State Senator, 3rd District, Senate ID Code Elected Constitutional Officer PROCES 4ED 1120 N Suncoast Blvd Crystal River FL 34429-5474 ID No. 16784 Conf. Code P. Reg. Code Argenziano Nancy CHECK IF THIS IS A FILING BY A CANDIDATE PART A - NET WORTH Please enter the value of your net worth as of December 31, 2004, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.] 20 04 was \$ 196, 900,00 My net worth as of _ PART B -- ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, If not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use. other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: **DESCRIPTION OF ASSET** VALUE OF ASSET 88 OAK VIllORE Blud 500 PART C - LIABILITIES

LIMBILITIES IN EXCESS OF \$1,000:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wachovia-1451- thomas longston Rd. Winterville. N.C.	4,800.00
Dunnellon State Bank - Williams Sty Dunnellon, te	78,500-00
Cane Creek Development - 29546 they 54 - Zephythills, tz	9,800-00
Jean Marchese - 88- DAK Village Blud 5 - Homosussa, Fe	10,000.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	,
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

	Control of the state of the sta	<u> </u>				
Volument EITUES (4) Sie e commit	-t		- INCOME	, ,		
You may EITHER (1) file a compt separate source and amount of in	ete copy of your 2004 feders come which exceeds \$1,000	al income tax r , including sec	eturn, including all a andary sources of in	ttachments, OR (2) fi come, by completing	ie a swom : the remaind	statement identifying eac ier of Part D, below.
I elect to file a copy of my the remainder of Part D.)	2004 federal income tax retu	ırn. (If you ched	ck this box and attac	h a copy of your 2004	tax return,	you need not complete
PRIMARY SOURCES OF INCOM		1	*DDDT00 0= 001		1	
NAME OF SOURCE OF INCOM		1 1	ADDRESS OF SOU			29,202.00
Horida legislat	ure Senate	407-	s. Montoe	St. Tallahess	ec.TC	29,202.00
	<i>f</i>			The state of the s		
		<u> </u>				
SECONDARY SOURCES OF INC						•
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'!			DRESS OURCE		INCIPAL BUSINESS TIVITY OF SOURCE
						1
						
		en e				
			IN SPECIFIED			
NAME OF	BUSINESS ENTITY	#1	BUSINESS E	NTITY # 2	BUS	INESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF		<u> </u>			(40)	
BUSINESS ENTITY	·					
PRINCIPAL BUSINESS ACTIVITY					·	
POSITION HELD WITH ENTITY					MAIR:	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST		-				
IF ANY OF PARTS A	THROUGH E ARE C	ONTINUED	ON A SEPARAT	TE SHEET, PLEA	SE CHE	CK HERE 🔲
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OA	TḤ		ATE OF FLORIDA UNTY OF	.em		
l, the person whose name appear	rs at the	Sw	om to (or affirmed) a	ınd subscribed before	me this	22 nd day of
beginning of this form, do depose		-				
and say that the information disci-	osed on this form		une	20 05 by No	ancy f	frgenriano
and any attachments hereto is tru	e, accurate,		\mathcal{L}	. Dove	,	<i>U</i>
and complete.	$\overline{}$	756	meture of Notary Pu	blic-State of Florida)		
α / /	/	(04	*** *********************************	LISA W. Dove	B	
7/h / /				ECommission # DI Expires March 2	2 2000	
They Ished	2000			Demorisment Name	GNOTAGE P	ublic)
SIGNATURE OF REPORTING O	FRICIAL OR CANDIDATE	Pe	sonally Known	OR Prod	uced Identii	ication
0 - (/	_				
		Туг	e of Identification Pr	roduced		
FILING INSTRUCTIONS for w	hen and where to file th	is form are i	ocated at the top	of page 3.		
INSTRUCTIONS on who mus OTHER FORMS you may nee	t file this form and how	to fill it out l	pegin on page 3.			

Nancy Argenziano (2004) Continuation of Part B Description of asset! Lot 6-12 Dr. Weiters Subdivision, Swanco. N.c. (35°/0) Lot 13 Dr. westers Subdivision, Swan ca N.C. (35%) (\$ 7,500.00) 1989 Vogue motorhome

FULL AND PUBLIC DISCLOSURE OF COMMISSION ON ETHICS FINANCIAL INTERESTS DATE RECEIVED FOR OFFICE USE ONLY: JUN 0 5 7006 ********AUTO**ALL FOR AADC 320 T3 P1 165 Hon Nancy Argenziano ID Code State Senator, 3rd District, Elected Constitutional Officer Senate 1120 N Suncoast Blvd **PROCESSED** Crystal River, FL 34429-5474 ID No. 16784 Conf. Code P. Reg. Code **** Argenziano, Nancy CHECK IF THIS IS A FILING BY A CANDIDATE PART A - NET WORTH Please enter the value of your net worth as of December 31, 2005, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3] My net worth as of PART B -- ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following if not held for investment purposes, jewelry; collections of stamps, guns, and numbernatic items; art objects; household equipment and furnishings; clothing other household items, and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) VALUE OF ASSET PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILIT 000 00 D JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILIT

			New Assessment Control of the Contro	44		4
		PART D	- INCOME			
You may EITHER (1) file a complete separate source and amount of income						
I elect to file a copy of my 2 the remainder of Part D.]	2005 federal income tax retu	ım (lf you che	ck this box and attach	a copy of your 200	5 tax returr	n, you need not complete
PRIMARY SOURCES OF INCOME		1			1	
NAME OF SOURCE OF INCOM	1 17 1	11 11	ADDRESS OF SOUR	/		AMOUNT C
Hondy Jesisla	ture/senute	1404-	Simonra	St. lallahu.	ssee, 12	07,200.
			····			
SECONDARY SOURCES OF INCO	OME [Major customers, clie	nts, etc., of bu	isinesses owned by re	porting person-see	instruction	s]:
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ADDRESS OF			·····			
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OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST				all property and the second se		
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IF ANY OF PARTS A	THROUGH E ARE C	JKIINOED	ON A SEPARALI	e sheet, plea	SE CHE	CK HEKE
OA]	re	ST	ATE OF FLORIDA			
VAI	K A.R.	CO	UNTY OF THE	<u>-000</u>		
i, the person whose name appears	at the	Sw	om to (or affirmed) and	d subscribed before	me this	5 Th day of
beginning of this form, do depose o	n oath or affirmation		_		,	,
and say that the information disclos	ed on this form	-	gune	, 20 <u>06</u> by <u>Ma</u>	incy (ergenjano
and any attachments hereto is true,	accurate,				n	
and complete.	1	<u> </u>	Sandra gnature of Notary Publ		E RIAL	<u>40wden</u>
		(u)	Burgeria of Hamily i Ani	A M Comm	lesion # C	D491432
				SAN ENVIO	s Decemb	er 4, 2009
1 Dun Laren	2	(Pr	int, Type, or Stamp Co	mmissioned Name	of Notary	Jublic)
SIGNATURE OF KEPORTING OF	FICIAL OR CANDIDATE	- Pe	rsonaliy Known	OR Prod	uced Ident	ification
V/Y	<i>)</i>					
		Тур	e of Identification Proc	duced		

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. 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.

Nancy Argenziano Continuation i	of Part B	(2006)
Description of a Lot 6-12 Dr.	Weiters Subdivis	ion, Swain co. N.C. (35%
1 pt 13 Dr. Westers	s Subdivision, Sun	n ca N.C. (35%)
1989 Vogue mon	for home. of the \$129,000	(# 7.500.00) in put B)
	Han	a grape

197100 State of Florida County of <u>alecon</u>

The foregoing instrument was acknowledged before me this

5th day of June 2006.

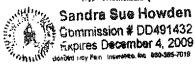
Sandia Sue Howden

(Signature of Notary Public - State of Florida)

Print, Type, or Stemp Commissioned Name of Notary Public)

Remonally known to me, or D Produced Identification:

(Type of identification)



FORM 1		STATEM	ENT OF		RAGYED	2006
Please print or type your name, mailing address, agency name, and position belo	FI.	NANCIAL	INTERE	STS	COMMISSION ON	1
LAST NAME - FIRST NAME - MIDDL Argenziano MAILING ADDRESS: 6423 W. Riverl	<u>Na</u>	ncy Rd.		FOR OFFICE USE ONLY: MSSION ON E)ATT PECEIVE	DATE RECEPTOR APR 2 6 7 THICS	1
Dunnellon CITY: Public Servic NAME OF AGENCY: Public Servic NAME OF OFFICE OR POSITION HE	3443 e Cor e Cor	county: mm ission mm ission e	<u> </u>	MAY 0 7 2007	O No. / (a 7 2 conf. Code Req. Code	84
You are not limited to the space on the li	,	n. Attach additional sheets, NEW EMPLOYEE OR AF		200	CESSE	₽QF 2006
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BELL DECEMBER 31, 2006 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS, Instructions for further details). PLEAS COMPARATIVE (PERCENTAGE PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	FINANCIAL IN' OW WHETHE OW TABLE INTER: OR USING OF USING OF USING OF USING OF USING OF USING OF STATE BELO THRESHOL	R THIS STATEMENT IS SPECIFY ESTS: ON OF USING REPORT COMPARATIVE THRESHOW WHETHER THIS STATEMENT DS or sources of income to the sources of sources o	ECEDING TAX YEAR, FOR THE PRECEDIN TAX YEAR IF OTHER TING THRESHOLDS OLDS, WHICH ARE ATEMENT REFLECTS DB. THE PROPERTY OF THE	, WHETHER BA	ENDING EITHER (che ALENDAR YEAR: BSOLUTE DOLLAR Y BED ON PERCENTAG	ck one): VALUES, WHICH GE VALUES (see
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAME OF	Major customers, clients, MAJOR SOURCES INESS' INCOME	and other sources of i ADDRE OF SOU	ESS	1 PRINCIPA	eporting person] ALBUSINESS COFSOURCE
PART C-REAL PROPERTY [Land,		ed by the reporting person		an:	LING INSTRUC' d where to file this at the bottom of p	form are locat-
	ers Sub	division, N.		Herest IN thi on	STRUCTIONS on s form and how to page 3. THER FORMS you have described on the state of the state	fill it out begin ou may need to

The state of the s			
PART D — INTANGIBLE PERSONAL PROPERTY (SIO TYPE OF INTANGIBLE	cks, bonds, certificat	es of deposit, etc.) BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES
Household Goods	Personal	1. 10-1	Intongible)
Jewdery, Guns, Art collection, (\$ 45,	000.
furniture, Coins, Clothing	<u>}</u>		
Sentrust SAVINGS.		\$ 16,60	00
2006 murano Nissan		#35,00	O (not intangible)
Swotrust Checking.		# 1,45	0
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CR	EDITOR
Dunnellon State Bonk	Williams	, St. Dunnellon, tz	\$ 124,000.
Chase Master Card		. '	\$ 2,600
Bonk America (Auto)			\$ 32,000
Shippes RV			\$ 37,000
PART F - INTERESTS IN SPECIFIED BUSINESSES [Ownership or position	ns in certain types of businesses]	
BUSINESS EN	TiTY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY #3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			and the state of t
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY		<u></u>	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			**************************************
NATURE OF MY OWNERSHIP INTEREST			
IF ANY OF PARTS A THROUGH FAI	RE CONTINUED	ON A SEPARATE SHEET, P	LEASE CHECK HERE
SIGNATURE (required):		DATE SIGNED	(required):

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 filling.

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.

FILING INSTRUCTIONS:

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.

FORM 6 FULL AND PUBLIC DISCLOSURE O	F 2006
Phesase print or type your name, melling address, agency name, and position below: FINANCIAL INTERESTS COM	MIGSION ON ETHICS
LAST NAME — FIRST NAME — MIDDLE NAME: FOR OFFICE	DATE RECEIVED
Hygen Ziano Nancy use only:	4U6 in 2007
6423 W. Riverbend Rd HAND DELIVER 10 Cook	
Dunnellon 34433 Citrus	0.1
Tiorida legislature	14784
NAME OF AGENCY: Stute Senator Conf. C	•
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	Code
PROCESSI	
CHECK IF THIS IS A FILING BY A CANDIDATE	PDF 2005
PART A NET WORTH	
Please enter the value of your net worth as of December 31, 2006, or a more current date. Note: Net worth is not calcu	sated by subtracting your reported
liabilities from your reported assets, so please see the instructions on page 3.) My net worth as of Dec 31 2006 was \$ 162,0	<i>6</i>
My net worth as of <u>Dec 57</u> 2000 was \$ 79070	
PART B - ASSETS	<u></u>
HOUSEHOLD GOODS AND PERSONAL EFFECTS:	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal affacts may be reported in a lump sum if their aggregate value expeeds \$1,000. This ca	degory includes any of the following,
Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This call from held for investment purposes; lewelry; collections of stamps, guns, and numbernatic flams; an objects; household	equipment and furnishings; dothing.
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Household goods and personal affects may be reported in a tump sum if their aggregate value expeeds \$1,000. This call not held for investment purposes: jewelry; collections of stamps, guns, and numbernatic hams; art objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$	equipment and fuzhierenge; dothing;
Household goods and personal affects may be reported in a lump sum if their aggregate value expeeds \$1,000. This call from held for investment purposes: jewelry; collections of stamps, guns, and numbernatic flams; and objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 29,000 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000; DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Household goods and personal affects may be reported in a lump sum if their aggregate value expeeds \$1,000. This call not held for investment purposes: jewelry; collections of stamps, guns, and numberable hams; and objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$\frac{29,00}{29,000}\$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000; DESCRIPTION OF ASSET (specific description is required - ase instructions p.4) Suntrust Saving - Crystal River A	VALUE OF ASSET
Household goods and personal affects may be reported in a lamp sum if their aggregate value expeeds \$1,000. This call in not held for investment purposes: jewelry; collections of stamps, guns, and numbernatic thams; and objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 29,000 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000; DESCRIPTION OF ASSET (specific description is required—assemistructions p.4) Suntrust Saving— Crystal River & Trust interest in 88 OAK VIII age blued—tomose, ssa, f.	VALUE OF ABSET 14, 500.00 Northurs 0 155,000
Household goods and personal effects may be reported in a kump sum if their aggregate value expects \$1,000. This call not held for investment purposes: jewelry; collections of stamps, guns, and numbernatic hanns; and objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$\frac{29,00}{29,000}\$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required—asso instructions p.4) Suntrust Savings—Crystal River—filtrate for the mosc ssa, for the content of the con	VALUE OF ABSET 14, 500.00 Norther S O
Household goods and personal effects may be reported in a lump sum if their aggregate value expects \$1,000. This call not held for investment purposes: jewelry; collections of stamps, guns, and numbernatic thams; and objects; household often household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$\frac{29}{29},000\$ Assets individually valued at over \$1,000; DESCRIPTION OF ASSET (specific description is required—assembly instructions p4) Suntrust Savings—Crystal River fa Trust interest in 88 Oak Village blued—themosassa, f (423 W. Riverbend Rd. Punnellon, fa residence Lot 72 × 73 Fontonia Ridge—NC	VALUE OF ABSET 14, 500.00 700000 755,000
Household goods and personal effects may be reported in a lump sum if their aggregate value expects \$1,000. This call not held for investment purposes: jewelry; collections of stamps, guns, and numbernatic hams; and objects; household other household litems; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$\frac{29,00}{29,000}\$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required—asse instructions p.4) Suntrust Savings—Crystal River for Trust in terest in 88 OAK Village blued—thomosossa, to \$\frac{423}{423} W. Riverbend Rd Punnellon, for \$\frac{72}{4000} \text{dence}\$ Lot 72 x 73 Fontana Ridge—NC Suntrust Chacking—Crystal River for PART C—LIABILITIES LIABILITIES IN EXCESS OF \$1,000:	VALUE OF ASSET 14, 500.00 Monthly S 155,000 55,000 4,000
Household goods and personal effects may be reported in a kamp sum if their aggregate value exceeds \$1,000. This call in not held for investment purposes; jewelty; collections of stamps, guns, and numberallic thans; an objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$\frac{29,000}{29,000}\$ ABSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required—asso instructions p.4) Suntrust Savings—Crystal River fill Trust interest in \$8.00 are Village blued—temosassa, to \$\frac{6423}{6423} W. Riverbend Rd Dunnellon fill residence Lot 72 × 73 Funtana Ridge—NC Suntrust Chicking—Crystal River fill PART C—LIABILITIES LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR	VALUE OF ASSET 14,500.00 VALUE OF ASSET 14,500.00 155,000 4,000 AMOUNT OF LIABILITY
Household goods and personal affects may be reported in a lamp sum if their aggregate value expeeds \$1,000. This call in not held for investment purposes: jewelry; collections of stamps, guns, and numberally thams; and objects; household other household liems, and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 29,000 ABSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required—asse instructions p4) Suntrust Saving— Crystal River fl. Trust interest in 88 Oak Village blued—thomosessa, fl. 423 W. Riverbend Rd. Punnellon, fl. residence Lot 72 × 73. Funtana Ridge— NC. Suntrust Checking—Crystal River fl. PART C—LIABILITIES LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR Fave Creek Development—29546 thay \$4. Zeplychill \$5. fl.	VALUE OF ABBET 14, 500.00 Mother's O 155,000 55,000 4,000 AMOUNT OF LIABILITY
Household goods and personal effects may be reported in a lump sum if their aggregate value expects \$1,000. This case if not held for investment purposes: jewelty; collections of stamps, guns, and numberallic teams; and objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$\frac{2}{2}\gamma_1\circ{0}	VALUE OF ASSET 14, 500.00 VALUE OF ASSET 14, 500.00 155,000 55,000 4,000 AMOUNT OF LIABILITY 8500 10,000
Household goods and personal affects may be reported in a lamp sum if their aggregate value expeeds \$1,000. This call in not held for investment purposes: jewelry; collections of stamps, guns, and numberally thams; and objects; household other household liems, and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 29,000 ABSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required—asse instructions p4) Suntrust Saving— Crystal River fl. Trust interest in 88 Oak Village blued—thomosessa, fl. 423 W. Riverbend Rd. Punnellon, fl. residence Lot 72 × 73. Funtana Ridge— NC. Suntrust Checking—Crystal River fl. PART C—LIABILITIES LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR Fave Creek Development—29546 thay \$4. Zeplychill \$5. fl.	VALUE OF ABSET 14, 500.00 Morthar's O 155,000 55,000 4,000 AMOUNT OF LIABILITY
Household goods and personal effects may be reported in a lamp sum if their aggregate value expects \$1,000. This call in not held for investment purposes: jewelty; collections of stamps, guns, and numberallic teams; art objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$\frac{2}{2}\gamma_1\circ{0}	VALUE OF ABBET 14, 500.00 VALUE OF ABBET 14, 500.00 VALUE OF ABBET 155,000 4,000 AMOUNT OF LIABILITY 8500 10,000
Household goods and personal affects may be reported in a tump sum if their aggregate value exceeds \$1,000. This call in not held for investment purposes; sevelay; collections of stamps, guns, and numbranelic hams; and objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 29,000 ABSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required—asse instructions p4) Suntrust Saving— Crystal River ft. Trust interest in 88 OAK VIN age blod—Homosessa of 6423 W. Riverbend Rd. Dunnellon of residence Lot 72 × 73 Fontana Ridge— NC Suntrust Chacking— Crystal River ft. PART C—LIABILITIES LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR Care Creek Development—29546 they \$4 Zeplyshill 5 ft. Tean Marchese 88 OAK Biblioge Blod—Homesossa, £ Junnellon State Book—Dunnellon, £	VALUE OF ASSET 14,500.00 VALUE OF ASSET 15,500.00 VALUE OF ASSET 15,500.00 VALUE OF ASSET 16,500.00 VALUE OF ASSET 16,50
Household goods and personal affects may be reported in a kimp sum if their aggregate value expects \$1,000. This case if not held for investment purposes; jewelty; collections of stamps, guns, and numberally thems; and objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 29,000 ABSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (expecific description is required—asso instructions p4) Suntrust Saving— Crystal River ft Trust interest in 88 OAK VIII age blud—tomosassa, to 423 W. Riverbend Rd. Dunnellon ft residence Lot 72 × 73 Funtana Ridge—NC Suntrust Checking—Crystal River ft PART C—LIABILITIES LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR Fave Creek Development—29546 Hay 54 Zeplyrhill 5 ft Tean Marchese 88 OAK Fiblige Blud—Homesossa, ft Junnellon State Donk—Dunnellon, f. JUNNELLON State Donk—Dunnellon, f.	VALUE OF ABSET 14, 500.00 VACUE OF ABSET 14, 500.00 VALUE OF ABSET 155,000 4,000 AMOUNT OF LIABILITY 500.000
Household goods and personal affects may be reported in a lump sum if their aggregate value expects \$1,000. This case if not held for investment purposes: jewelty; collections of stamps; guns, and numberally thems; and objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 29,000 ABSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (expecific description is required—see instructions p4) Suntrust Saving—Crystal River ft Trust interest in 88 OAK VIII age blud—Homosassa, to 1423 W. Riverbend Rd. Dunnellon ft Tasidence Lot 72 × 73 Funtana Ridge—NC Suntrust Charling—Crystal River ft PART C—LIABILITIES LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR Fave Crek Development—29546 Huy 54 Zeplyrhill S ft Tean Marchese 88 OAK Fiblige Blud—Homesossa, ft Junnellon State Donk—Dunnellon, f. JUNNELLON State Donk—Dunnellon, f.	VALUE OF ABSET 14,500.00 VALUE OF ABSET 15,500.00 VALUE OF ABSET 16,500.00 VALUE OF ABSET 16,50
Household goods and personal affects may be reported in a tump sum if their aggregate value expects \$1,000. This case if not held for investment purposes; jewelty; collections of stamps; guns, and numberally thems; and objects; household other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$\frac{29}{29},000\$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (expecific description is required—asso instructions p4) Suntrust Saving—Crystal River ft Trust interest in 88 OAK VIII age blud—thomosassa, to 423 W. Riverbend Rd. Dunnellon ft residence Lot 72 × 73 Funtana Ridge—NC Suntrust Charling—Crystal River ft PART C—LIABILITIES LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR Fave Crek Development—29546 they \$4 Zeplyrhill \$\frac{1}{2}\$ ft Tean Marchese 88 OAK \$\frac{11016}{2}\$ ge Blud—thomesossa, \$\frac{1}{2}\$ Unnellon State Dank—Dunnellon, \$\frac{1}{2}\$	VALUE OF ABSET 14,500.00 VALUE OF ABSET 15,500.00 VALUE OF ABSET 16,500.00 VALUE OF ABSET 16,50

PART D - INCOME Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2007, through the tast date you held the office or position described on page 1, including secondary sources of income, by completing the ramainder of Part D. below. PRIMARY SOURCES OF INCOME: ADDRESS OF SOURCE OF INCOME NAME OF SOURCE OF INCOME EXCEEDING \$1,000 THUOMA 900 Senato Monroe St. Talla SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person-see instructions): NAME OF MAJOR SOURCES NAME OF ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE PART E — INTERESTS IN SPECIFIED BUSINESSES BUSINESS ENTITY #1 BUSINESS ENTITY # 2 BUSINESS ENTITY#3 NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIMITY POSITION HELD WITH ENTITY OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE OATH STATE OF FLORIDA 1*09*. COUNTY OF I, the person whose name appears at the Swom to (or affirmed) and subscribed before me this beginning of this form, do depose on calls or affirmation and say that the information disclosed on this form and any attachments hereto is tree, accurate, and complete. (Signature of Notary Public-State of Florida) Kay E. Posey (Print Type, or Starry) Commissioned Name (Name Public) SIGNATURE OF REPORTING OFFICIAL Viewer Try Fin Produced Identification Personally Known_

Kay E. Posey
Commission # DD351180
Expires August 30, 2006

Type of Identification Produced

Nancy Argenzians Continuation of Part B



Description of asset!

Lot 6-12 Dr. Weiters Subdivision, Swanco. N.c. (35°/2)

Lot 13 Dr. westers Subdivision, Swan ca N.C. (35%)

(1989 Vogue motorhome (#7,500.00) (Part & the \$129,000 in part B)

Hay grapes



Ray E. Parey

TAB 9

FORM 1

STATEMENT OF

2007

FINANCIAL INTERESTS

DATE RECEIVED

JUL 0 9 2008

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS DATE RECEIVED

JUL 0 1 2000

ID Code

PROCESSED

ID No.

Conf. Code

P. Reg. Code

Argenziano, Hon Nancy

Hon Nancy Argenziano Commissioner **Public Service Commission** 2540 Shumard Oak Blvd Tallahassee, FL 32399-0850

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

**BOTH PARTS OF TH	IIS SECTION MUST	BE COMPLETED

DIŞCLOSURE	PERIOD:
------------	---------

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A PISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

rrt de			
	DECEMBER	31	2007

OR

SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:

MANNER	OF CALC	ULATING	REPORT	TABLE	INTERES	TS:
						-

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 (Set instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

	(PERCENTAGE)	

QR

DOLLAR VALUE THRESHOLDS

PART A - PRIMARY SOURCES OF INCOME	[Major sources of income to the reporting person]	
NAME OF SOURCE	SOURCE'S	, DESCRIPTION OF THE SOURCE'S
QF INCOME	ADDRESS	PRINCIPAL BUSINESS ACTIVITY
Florida Public Service	2540 Shumard OAK Blud.	Utility Regulation
Commission	Tallahassee, fr	

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
None			

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

	· · · · · · · · · · · · · · · · · · ·
88: OAK Blud S., Homosassa +2	- Trust interest only)
,	

FILING INSTRUCTIONS for wher 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.

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bands, certific	ates of deposit, etc] BUSINESS ENTITY TO WHICH T	HE PROPERTY RELATES
None				

PART E — LIABILITIES [Major of NAME OF CREE			ADDRESS OF C	REDITOR
Do not excee	d qualifying			
percentage	, , ,			
PART F — INTERESTS IN SPEC	FIED BUSINESSES (O	wnership or positi	ons in certain types of businesses]	
	BUSINESS ENT	ITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Mone	· · · · · · · · · · · · · · · · · · ·		
ADDRESS OF BUSINESS ENTITY	· ·			
PRINCIPAL BUSINESS ACTIVITY				
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):	any life	y ~	DATE SIGNE	D (required): 7/9/08
		LING IN	STRUCTIONS:	

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 filling

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 filling, 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 Maciay Blvd. South, Sulte 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, star officer, and specified state employee must fi within 30 days of the date of his or happointment or of the beginning of emploment. Appointees who must be confirmed to the Senate must file prior to confirmation, ever if that is less than 30 days from the date their appointment.

Candidates for publicly-elected local offic must file at the same time they file the qualifying papers

Thereafter, local officers/employees, star officers, and specified state employees as required to file by July 1st following eac calendar year in which they hold their postions.

Finally, at the end of office or employmer each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 day

TAB 10

FORM 6 F FINAL FULI	LAND PUBLIC	2007	
HAND DEDISEROSURE OF FI	NANCIAL INTEREST	S COMMISSION ON ETHIC DATE RECEIVED	
TAIND DELIVER WITHIN 60 DAY	's of Leaving public office)	AUG 1 () 2007	
LAST NAME - FIRST NAME - MIDDLE NAME:	NAME OF AGENCY:	700 1 (7007	
Argenziano Nancy -	PSC		
MAN DOM ADDOCCO.	OFFICER OFFICE HELD: Public		
6423-W. Riverbend Rd	DOTHER POSITION HELD: COM	WISSIONEL	
Nunnellon fl 34433 Ctru	THE LAST DAY OF MY PUBLIC OFFICE OR I		
Dunnellon fl 34433 Ctrus CITY & STATE: ZIP: COUNTY:	(Morlin, Day & Year)		
	(Date must be i	nior to 12/31/07)	
HAND DELIVER PARTA-	NET WORTH PROOF	ESSET	
Please enter the value of your net worth as of the date you left the public of	ffice or position described above. Date must be prior im your reported assets, so blease see the instruction	to December 31, 2007.	
My net worth as of 5/2	2007 was \$ 162,000		
PART	B — ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:			
Household goods and personal effects may be reported in a lump sum if if not held for investment purposes; jeweiry; collections of stamps, gums,	their aggregate value exceeds \$1,000. This caregory and numismatic items; an objects; household equipm	ant and furnishings; clothing;	
other household items; and vehicles for personal use.	29,000.		
The aggregate value of my household goods and personal effects (described above) is \$			
Assets individually valued at over \$1,000: Description of Asset		VALUE OF ASSET	
Soutrust SAVINGS - Suncoast Blud	- Crystal River Fr	14,500 00	
Trust interest in 88 NAW VIllage !	31vd - Homosassa to Mothers		
Lot 72 + 73 Fortuna Ridge N		55,000	
6423 W. Riverbend Rd Dunnelle		1/55,000	
Suntrust Cherling - Suncoast B	IVA, Crystal River FL	4,000	
	- Liabilities		
LIABILITIES IN EXCESS OF \$1,000: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY	
CANE Creek Development - 29546-1	thuy 54 Zephyhins fl	6.500	
Dunnellon State Bank - Dunnellon, to		-	
		124,000	
Jean Marchese 88 OAK VIllage BA	d. Homusassa	-	
	id, Homusassa	124,000	
Jean Marchese 88 OAK 11114ge Bh JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	id, Homusassa	124,000	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	id, Homusassa	124,000	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	id, Homusassa	124,000	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	id, Homusassa	124,000	

		PART D .	- INCOME	And the second second second	
You may EITHER (1) file a comple separate source and amount of inc	ite copy of your 2006 federa come which exceeds \$1,000,	d income tax r Including sec	reium, including all attachments, OR (2) fundary sources of income, by complaing	ile a swort the remain	n statement Identifyling sach nder of Part D., below.
l elect to file a copy of my the remainder of Part D.]	2006 federal income tax retu	im. [If you che	ok this box and attach a copy of your 200	6 tax retur	n, you need not complete
PRIMARY SOURCES OF INCOM	E;]	ADDRESS OF SOURCE OF INCOME	i	TRUOMA
	1 1		S. Monroes, Tallahess	صــــــــــــــــــــــــــــــــــــ	29 900
Horida legis Senate:	latture		- 1.00(10C), 10(000)	7	
Jana! C	•			•	
				· · · · · · · · · · · · · · · · · · ·	
				TOTAL CALL	
SECONDARY SOURCES OF INC	OME [Major customers, clie	nts, elc., of bu	sinesses owned by reporting person-see	Instruction	<u> </u>
NAME OF	NAME OF MAJOR	SOURCES	ADDRESS	p	RINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' I	NLOME	OF SOURCE	^	CTIVITY OF SOURCE
				 	
1	PART E — INT BUSINESS ENTITY	,	N SPECIFIED BUSINESSES BUSINESS ENTITY # 2	211	ISINESS ENTITY # 3
NAME OF	OUGHILLIO ENTITY	<i>x</i>	000111200 011111172		SHEETS LIVINI W S
ADDRESS OF	The state of the s				
BUSINESS ENTITY PRINCIPAL BUSINESS					
POSITION HELD					
OWN MORE THAN A 5%	The state of the s			***************************************	
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST		-			ANNANCE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT
	THE THE PARTY OF T		ON A SEPARATE SHEET, PLEA	OF CITY	
IF ANY OF CARLES	INCOUNT ARE C	ONIMULE	OVY A SEPARATE SHEET, PLE?	de Chi	SCK HERE
OA	TH		CATE OF FLORIDA LOON		
I, the person whose name appear	s at the	Sw	noised bedrascus and subscribed before	e me this _	8+1 day of
beginning of this form, do depose		\cap			
and say that the information discli- and any attachments hereto is tru-		12	11/2/1/21 20 D Day		-
and complete.			ROW E PODE	l A	
1		(Si	ignature of Notary Public-State of Florida		
	,'		SERVICE KAY E. POSE		_
. Brut de	m	(Pr	rint, Type, or Stand Bongissipped Manne	1035118 36 1989) Public)
EIGNATURE OF LEPORTHE OF	FICIAL OR CANDIDATE	Pa	reonally Known	inc \$00 985.7 UCBG (der)	offe drication
		Туј	pe of Identification Produced		
FILING INSTRUCTIONS for W	hen and where to file th	is form are i	located at the top of page 3.		
INSTRUCTIONS on who must	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.				

Nancy Argenzians Continuation of Part B	2007
Description of asset!	
Lot 6-12 Dr. Weiters Subdivision	, Swan co. N.C. (35°/ (70,000.00)
12 13 Dr. Westers Subdivision, Swan	(# 13,500.00)
[1989 Vosue motorhome. (# 7,500.00)

Hay gay



Kay E. Papay

TAB 11

FORM 1

STATEMENT OF

2008

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS DATE RECEIVED

IUL 0 7 2009

*AUTO**5-DIGIT 32399 T13 P1 55 Hon Nancy Argenziano Commissioner **Public Service Commission** Governing Board 2540 Shumard Oak Blvd Tallahassee, FL 32399-7019

PROCESSED

ID Code

ID No.

16784

Conf. Code

follootelollelelolootti anoitti lootti l				f. Code		
•			P.R.	eq. Code *****		
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE				enziano , Nancy		
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, 2008 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 I NAME OF SOURCE OF INCOME	sol	sources of income to the reporting person) SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Florida Public Service				11tility Reculation		
Commission	, , ,	Tallahussee, th		7 12 32 1-51125		
PART B - SECONDARY SOURCES ON NAME OF BUSINESS ENTITY	OF INCOME [Mejor customers, clients NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources or income to ADDRESS OF SOURCE	o business	es owned by the reporting person) PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
7-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
PART C - REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
			this fo on pa	RUCTIONS on who must file orm and how to fill it out begin ge 3. ER FORMS you may need to		
				file are described on page 6.		

PART D + INTANGIBLE PERSO TYPE OF INTANG	ONAL PROPERTY (Stocks, band HBLE	ds, certificates of deposit, etc.) BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES		
None.					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
Daniel execute 150					
Do not exacedy	in 14 hours				
percentage .					
	· ·				
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	None				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY			·		
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
NATURE OF MY OWNERSHIP INTEREST	A THROUGH FARE CON	ITINUED ON A SEPARATE SHEET, PLE	ASE CHECK HERE		
NATURE OF MY OWNERSHIP INTEREST	A THROUGH FARE CON	DATE SIGNED (FO			
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS	Fory gen				

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filling.

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.

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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 Blvd. 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.