

IN THE SUPREME COURT OF FLORIDA

IN RE:

STATEWIDE GRAND JURY

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.

2. On October 5, 2009 by letter, the Movant requested that the Governor 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 R. ANDREWS, ESQUIRE
FLA. BAR ID 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).



STEVEN R. 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**

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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

TAB 1

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

PROCESSED 2000

COMMISSION ON ETHICS

DATE RECEIVED

JUL -5 01

NAME OF AGENCY:

16784-16784-6-2001

Hon Nancy Argenziano
Elected Constitutional Officer
House Of Representatives
State Representative
6216 W Corporate Oaks Dr
Crystal River, FL 34429-2694

OFFICE HELD:

☐ OFFICER

OFFICE SOUGHT:

☐ CANDIDATE

POSITION:

☐ OTHER

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

PART A - NET WORTH

Please enter the value of your net worth as of December 31, 2000, 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 March 31, 2001 was \$ 318,500.00

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 \$ 36,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
6423 Riverbend Rd - Citrus County, FL	75,000
5817 Riverbend Rd, " " "	225,000
Lot 72 Fontana Ridge properties - Swain County, N.C.	30,000
Lot 7 Orange Grove estates - Citrus County, FL	15,000
Lot 45 River Heights - " " "	10,000

PART C - LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Dunnellon State Bank. Hwy 41, Dunnellon, FL	45,000
Cane Creek Development - Zephyr Hills, FL	16,000
Wachovia - Atlanta, Georgia	16,000
Bank of America - P.O. Box 45224 - Jacksonville, FL	15,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2000 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2000 federal income tax return. [If you check this box and attach a copy of your 2000 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida legislature	The Capitol - Tallahassee	27,696. ⁰⁰
D.M.S.	Clearwater, Florida	10,000. ⁰⁰

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	None		
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF

Sworn to (or affirmed) and subscribed before me this 2nd day of

July, 20 01 by NANCY ARGENTZIAN

Nancy G. Yost
(Signature of Notary Public--State of Florida) **NANCY G. YOST**
Notary Public, State of Florida
My comm. expires Aug. 1, 2003
Comm. No. CC889844

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FDL # A625-620-55-5016

CONTINUATION OF PART B - ASSETS:

Office furniture:	\$1,500.00
Antiques:	\$8,000.00
Recreational Equip.	\$1,000.00
Recreational Vehicle	\$15,000.00
Equitable interest, 6443 W. Riverbend Rd., Citrus County, Florida:	\$0.00

CONTINUATION OF PART C - LIABILITIES:

MBNA America, Wilmington, DE	\$6,000.00
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TAB 2

PROCESSED

FORM 6 FULL AND PUBLIC DISCLOSURE OF		COMMISSION ON ETHICS DATE RECEIVED 2001
Please print or type your name, mailing address, agency name, and position below:		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">JUL -2 02</div> <div style="margin-top: 20px;">FOR OFFICE USE ONLY:</div> <div style="margin-top: 20px;">ID Code _____</div> <div style="margin-top: 20px;">ID No. <u>16784</u></div> <div style="margin-top: 20px;">Conf. Code _____</div> <div style="margin-top: 20px;">P. Req. Code _____</div>
LAST NAME — FIRST NAME — MIDDLE NAME: <u>Argenziano Nancy</u>		
MAILING ADDRESS: <u>6423-W. Riverbend Rd</u>		
CITY: <u>Dunnellon</u>	ZIP: <u>34433</u>	
COUNTY: <u>Citrus</u>		
NAME OF AGENCY: <u>Currently State Rep Dist 43 / Candidate for Senate Dist 3</u>		
NAME OF OFFICE OR POSITION HELD OR SOUGHT:		
CHECK IF THIS IS A FILING BY A CANDIDATE <input checked="" type="checkbox"/>		

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2001, 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 6/25, 2002 was \$ 209,500

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 \$ 46,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
<u>Suntrust Savings Acct. E. Pennsylvania ave Dunnellon, FL</u>	<u>61,000</u>
<u>Trust interest in 88 OAKVillage Blvd S. Homosassa, FL</u>	<u> </u>
<u>6419-W. Riverbend Rd, Dunnellon, FL (Residential Home)</u>	<u>159,000</u>
<u>6423-W. Riverbend Rd, Dunnellon, FL (Residential Home)</u>	<u>100,000</u>
<u>Lot 72 Fortune Ridge Properties, Bryson city NC</u>	<u>40,000</u>

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>Wachovia 1451-Thomas Langston Rd, Winterville, NC</u>	<u>11,000</u>
<u>Bank of America PO Box 45224 - Jacksonville FL</u>	<u>14,200</u>
<u>Dunnellon State Bank - Williams St. Dunnellon FL</u>	<u>87,000</u>
<u>Dunnellon State Bank - Williams St. Dunnellon FL</u>	<u>44,500</u>

~~HOUSEHOLD~~ LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>Cane Creek Development - 29546 Hwy 54W Zephyrhills FL</u>	<u>14,283</u>

PART D - INCOME

You may **EITHER** (1) file a complete copy of your 2001 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2001 federal income tax return. [If you check this box and attach a copy of your 2001 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida legislature	Tallahassee, Florida	27,900.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

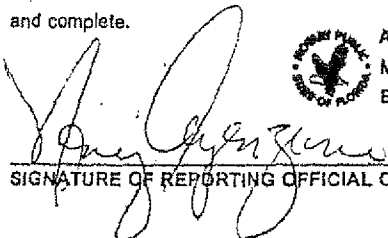
PART E - INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

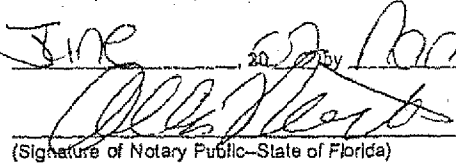

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



Allison Norcutt
 My Commission DD019326
 Expires August 03, 2005

STATE OF FLORIDA
 COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me this 28 day of June 2005 by Nancy Argenziano


 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

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LOYALTY OATH
CANDIDATES WITH PARTY AFFILIATION
(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Citrus COUNTY

(PLEASE PRINT)

I,

<u>Nancy</u> <small>First Name</small>	<u>—</u> <small>Middle Name/Initial</small>	<u>Argenziano</u> <small>Last Name</small>
---	--	---

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

Nancy Argenziano
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of State Senate, 3,
(office) (district) (circuit)

— (group). I am a qualified elector of Citrus County, Florida. I am qualified

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

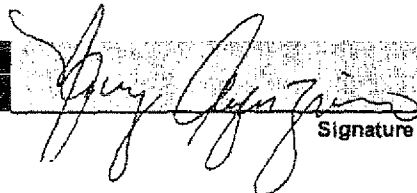
STATEMENT OF PARTY

(Section 99.021, Florida Statutes)

I am a member of the Republican party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH, OATH OF CANDIDATE AND STATEMENT OF PARTY AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE

☒ 
Signature of Candidate

6423 W. Riverbend Rd
Mailing Address

352 1563-1204
Day Phone

(352) 860-5177
Fax Number

Dunnellon
City

FL
State

34433
Zip Code

6/28/02
Date Signed

7/19/02
Per Connie Evans' request,
Original mailed to
Division of Elections.

Candidate for Senate,
District 3.

KRH

TAB 3

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2002

COMMISSION ON ETHICS

DATE RECEIVED

JUL -2 03

FOR OFFICE
USE ONLY:

ID Code



ID No.

72581

Conf. Code

P. Req. Code

Hon Nancy Argenziano
State Senator, 3rd District
Senate
Elected Constitutional Officer
1120 N Suncoast Blvd
Crystal River, FL 34429-5474



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.]

My net worth as of Dec 31, 20 02 was \$ 201,800.00

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 \$ 32,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Suntrust Savings - E Pennsylvania ave. Dunnellon, FL	23,800.00
Trust interest in 88 Oak Village Blvd. S. Homosassa, FL	
6419-W. Riverbend Rd. Dunnellon, FL (residential Home)	159,000.00
6423-W. Riverbend Rd. Dunnellon, FL (residential Home)	125,000.00
Lot 72 Fontana Ridge Properties, Bryson City, NC	40,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wachovia 1451 Thomaslongston Rd, Winterville, NC	10,000.00
Dunnellon State Bank - Williams St. Dunnellon, FL	88,000.00
Dunnellon State Bank - " " " "	44,000.00
Cane Creek Properties Dev. 29546 Hwy 54 Zephyrhills, FL	13,500.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2002 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2002 federal income tax return. [If you check this box and attach a copy of your 2002 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida legislature, Senate	Tallahassee, Florida	29,500. ⁰⁰

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS 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 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete.

STATE OF FLORIDA North Carolina
COUNTY OF Jackson

Sworn to (or affirmed) and subscribed before me this 30 day of

June, 2003 by Nancy Argenziano.



RICHARD W. FULTON
NOTARY PUBLIC
JACKSON COUNTY, N. C.

(Signature of Notary Public--State of Florida)

Richard W. Fulton
(Print, Type, or Stamp Commissioned Name of Notary Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced DL #

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.

TAB 4

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2003

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

FINANCIAL INTERESTS

COMMISSION ON ETHICS
DATE RECEIVED

JUL 27 2004

LAST NAME — FIRST NAME — MIDDLE NAME:

Argenziano — Nancy —

MAILING ADDRESS:

6423 W. Riverbend Rd

Dunnellon 34433 Citrus

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

State Senator District 3

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

FILED
04 JUL 12 PM 12:4
DIVISION OF ELECTRONIC
SECRETARY OF STATE
PDF 2003

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, 2003, 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 Dec 31, 20 03 was \$ 208,517.00

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 \$ 29,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Suntrust Savings — Suncoast Blvd. Crystal River, FL	15,467.00
Trust interest in 88 Oakville Blvd S — Homosassa, FL (Mother's Home)	—
6423-W. Riverbend Rd Dunnellon, FL (Residence)	139,000.00
Lot 72 + 73 Fontana Ridge Properties — Bryson City, N.C.	53,000.00
Suntrust Checking — Suncoast Blvd — Crystal River, FL	1,750.00

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wachovia — 1451 Thomas Langston Rd, Winterville, N.C.	7,000.00
Dunnellon State Bank — Williams St. Dunnellon, FL	79,000.00
Cane Creek Properties Dev. 29546 Hwy 54 — Zephyrhills, FL	11,200.00
JEAN Marchese — 88 Oak Village Blvd S — Homosassa, FL	10,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may EITHER (1) file a complete copy of your 2003 federal income tax return, including all attachments, OR (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2003 federal income tax return. [If you check this box and attach a copy of your 2003 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida legislature / Senate	404 - S. Monroe St. Tallahassee 32399	29,200.00
Mr & Mrs C. Lee	6419 - W. Riverbend Rd - Dunnellon	19,500.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS 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 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

OATH

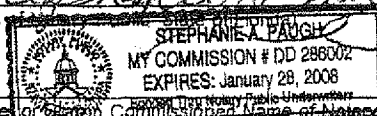
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me this 9th day of

July, 2004 by Nancy Argenziano

Stephanie A. Pugh
(Signature)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification X

Type of Identification Produced FL DL

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

Continuation of Part B

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

FILED
04 JUL 12 PM 12:14
DIVISION OF ELECTIONS
SECRETARY OF STATE

TAB 5

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2004 FINANCIAL INTERESTS

*****AUTO**3-DIGIT 344 T79 P1 6
Hon Nancy Argenziano
State Senator, 3rd District, Senate
Elected Constitutional Officer
1120 N Suncoast Blvd
Crystal River FL 34429-5474

FOR OFFICE
USE ONLY:

COMMISSION ON ETHICS
DATE RECEIVED

JUN 22 2005

ID Code



ID No.

16784

Conf. Code

P. Req. Code

Argenziano Nancy

PROCESSED



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.]

My net worth as of Dec, 31, 20 04 was \$ 196,900.00

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 \$ 29,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Suntrust SAVING S - Suncoast Blvd - Crystal River, FL	8,500.00
Trust interest in - 88 Oak Village Blvd S Homosassa, FL (Mother's Home)	
6423 - W. Riverbend Rd - Dunnellon FL (Residence)	155,000
Lot 72 & 73 Fontana Ridge prop - Bryson City N.C.	55,000
Suntrust Bank checking - Suncoast Blvd - Crystal River, FL	3,500

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wachovia - 1451 - Thomas Langston Rd. Winterville. N.C.	4,800.00
Dunnellon State Bank - Williams St, Dunnellon, FL	78,500.00
Cane Creek Development - 29546 Hwy 54 - Zephyrhills, FL	9,800.00
Jean Marchese - 88 - Oak Village Blvd S - Homosassa, FL	10,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2004 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2004 federal income tax return. (If you check this box and attach a copy of your 2004 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida legislature / Senate	404 - S. Monroe St. Tallahassee, FL	29,202.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS 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 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 22nd day of

June, 20 05 by Nancy Argenziano

Lisa W. Dove
(Signature of Notary Public--State of Florida)

Lisa W. Dove
Commission # DD388468

(Print, Type, or Stamp Commission Expires March 23, 2009 Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

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

(2004)

Continuation of Part B

Description of asset:

Lot 6-12 Dr. Weathers Subdivision, Swain Co. N.C. (35%)
(\$70,000.⁰⁰)

Lot 13 Dr. Weathers Subdivision, Swain Co. N.C. (35%)
(\$13,500.⁰⁰)

1989 Vogue motorhome
(\$7,500.⁰⁰)

TAB 6

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2005

*****AUTO**ALL FOR AADC 320 T3 P1 165
Hon Nancy Argenziano
State Senator, 3rd District, Elected Constitutional Officer
Senate
1120 N Suncoast Blvd
Crystal River, FL 34429-5474

PROCESSED



COMMISSION ON ETHICS
DATE RECEIVED

JUN 05 2006

FOR OFFICE
USE ONLY:

ID Code



ID No.

16784

Conf. Code

P. Req. 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 Dec 31, 2005 was \$ 162,000

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 \$ 29,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Suntrust Irving's - Suncoast Blvd - Crystal River FL	14,500.00
Trust interest in 88 Oak Village Blvd Homosassa, FL ^{mother's home}	
6423 W. Riverbend Rd. Dunnellon, FL (Residence)	155,000
Lot 72 & 73 Fortuna Ridge prop - Bryson City, NC	55,000
Suntrust Checking - Suncoast Blvd - Crystal River FL	4,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Dunnellon State Bank - Williams St, Dunnellon, FL	125,000
Cane Creek Development - 29546 Hwy 54 Zephyrhills, FL	7,500
Team Marchese 88 Oak Blvd; Homosassa, FL	10,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2005 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below

☐ I elect to file a copy of my 2005 federal income tax return (If you check this box and attach a copy of your 2005 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida Legislature/Senate	404 - Samonroe St, Tallahassee, FL	29,220.

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS 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 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 5th day of

June, 2006 by Nancy Argenziano

Sandra Sue Howden
(Signature of Notary Public)

Commission # DD491432
Expires December 4, 2009
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced

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 Argenzio

((2006))

Continuation of Part B

Description of asset:

Lot 6-12 Dr. Weathers Subdivision, Swain Co. N.C. (35%),
(\$70,000.⁰⁰)

Lot 13 Dr. Weathers Subdivision, Swain Co. N.C. (35%)
(\$13,500.⁰⁰)

(1989 Vogue motorhome
(Part of the \$29,000 in part B)
(\$7,500.⁰⁰)



State of Florida
County of Leon

The foregoing instrument was acknowledged before me this
5th day of June, 2006.

Sandra Sue Howden
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

☒ Personally known to me, or

☐ Produced Identification:

(Type of identification)



Sandra Sue Howden
Commission # DD491432
Expires December 4, 2009
Donated 100% Pain Insurance, Inc. 800-385-7019

TAB 7

FORM 1

STATEMENT OF

TRACKED 2006

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

FINANCIAL INTERESTS

COMMISSION ON ETHICS

DATE RECEIVED

APR 26 2007

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Argenziano - Nancy

MAILING ADDRESS:

6423 W. Riverbend Rd.

Dunnellon 34433 Citrus

CITY:

ZIP:

COUNTY:

Public Service Commission

NAME OF AGENCY:

Public Service Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE
USE ONLY:

COMMISSION ON ETHICS

DATE RECEIVED

MAY 07 2007

ID Code

ID No.

16884

Conf. Code

P. Req. 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

PROCESSED OF 2006

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, 2006

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 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
Florida legislature	404 S. Monroe St Tallahassee, FL	\$ 29,900.

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

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

6423 W. Riverbend Rd, Dunnellon, FL 34433	Residence.
lot 6-12 Dr. Weiters Subdivision, N.C.	35% interest
lot 13 Dr. Weiters Subdivision, N.C.	35% interest

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Household Goods	Personal property - (Not Intangible)
Jewelry, Guns, Art collection	\$45,000.
Furniture, Coins, Clothing	
Suntrust Savings.	\$16,600
2006 Murano Nissan	\$35,000 (not intangible)
Suntrust Checkings.	\$1,450

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Dunnellon State Bank	Williams St. Dunnellon, FL \$124,000.
Chase MasterCard	\$2,600
Bank America (Auto)	\$32,200
Shipp's RV	\$37,000

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			
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 SIGNED (required):

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.

TAB 8

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2006

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

FINANCIAL INTERESTS

COMMISSION ON ETHICS

DATE RECEIVED

AUG 10 2007

LAST NAME — FIRST NAME — MIDDLE NAME:

Argenziano Nancy

FOR OFFICE
USE ONLY:

MAILING ADDRESS:

6423 W. Riverbend Rd HAND DELIVER

ID Code

Dunnellon

34433

Citrus

CITY

ZIP

COUNTY

Florida legislature

ID No.

Conf. Code

NAME OF AGENCY:

State Senator

P. Reg. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

PROCESSED

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 calculated 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 \$ 162,000

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 \$ 29,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Sentrust Savings - Crystal River FL	14,500.00
Trust interest in 88 OAK Village Blvd - Homosassa, FL	0
6423 W. Riverbend Rd, Dunnellon, FL residence	155,000
Lot 72 & 73 Fontana Ridge - NC	55,000
Sentrust Checking - Crystal River FL	4,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Eave Creek Development - 29546 Hwy 54 Zephyrhills FL	8,500
Jean Marchese 88 OAK Village Blvd - Homosassa, FL	10,000
Dunnellon State Bank - Dunnellon, FL	120,000
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 last date you held the office or position described on page 1, including secondary sources of income, by completing the remainder of Part D, below.

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida legislature / Senate	404 - S. Monroe St, Tallahassee	29,920.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person—see instructions).

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	NA		

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 ACTIVITY	NA		
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.


SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 8th day of

August 2008 by

Kay E. Posey
(Signature of Notary Public—State of Florida)

Kay E. Posey
Commission # DD351180
(Print, Type, or Stamp Commissioned Name of Notary Public)
EXPIRES AUGUST 30, 2008

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____



Kay E. Posey
Commission # **DD351180**
Expires **August 30, 2008**

Nancy Argenziano

~~2007~~ 2007

Continuation of Part B

Description of Asset:

Lot 6-12 Dr. Weathers Subdivision, Swain Co. N.C. (35%)
(70,000.00)

Lot 13 Dr. Weathers Subdivision, Swain Co. N.C. (35%)
(\$13,500.00)

(1989 Vogue motorhome
(Part of the \$29,000 in part B)
(\$7,500.00)

Nancy Argenziano



Key E. Posey
Commission # DD351180
Expires August 30, 2008
Bonded Troy Pelt - Insurance, Inc. 800-368-7008

Key E. Posey

TAB 9

FORM 1

STATEMENT OF

2007

FINANCIAL INTERESTS

COMMISSION ON ETHICS

DATE RECEIVED

JUL 09 2008

FOR OFFICE
USE ONLY:COMMISSION ON ETHICS
DATE RECEIVED

JUL 01 2008

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

PROCESSED

ID Code



ID No.

16784

Conf. Code

P. Req. Code *****

Argenziano, Hon Nancy

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 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, 2007 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 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
Florida Public Service Commission	2540 Shumard Oak Blvd. Tallahassee, FL	Utility Regulation

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 Blvd S, Homosassa FL (Trust interest only)

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.

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

None

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

Do not exceed qualifying
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			

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

SIGNATURE (required):

DATE SIGNED (required):

7/9/08

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 MacIay 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.

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 officer must file at the same time they file the 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, or specified state employee is required to file final disclosure form (Form 1F) within 60 days.

TAB 10

FORM 6 F

FINAL FULL AND PUBLIC

2007

HAND DELIVER

DISCLOSURE OF FINANCIAL INTERESTS

COMMISSION ON ETHICS

DATE RECEIVED

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

AUG 10 2007

LAST NAME — FIRST NAME — MIDDLE NAME: <u>Argenziano Nancy —</u>		NAME OF AGENCY: <u>PSC</u>	
MAILING ADDRESS: <u>6423 - W. Riverbend Rd</u>		<input type="checkbox"/> OFFICER OFFICE HELD: <u>Public Service</u> <input type="checkbox"/> OTHER POSITION HELD: <u>Commissioner</u>	
CITY & STATE: <u>Dunnellon FL</u> ZIP: <u>34433</u> COUNTY: <u>Citrus</u>		THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: <u>5/2/07</u> , 2007. (Month, Day & Year) (Date must be prior to 12/31/07)	

HAND DELIVER

PART A — NET WORTH

PROCESSED

Please enter the value of your net worth as of the date you left the public office or position described above. Date must be prior to December 31, 2007.
 [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 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 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 \$ 29,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
<u>Scottrust Savings - Suncoast Blvd - Crystal River FL</u>	<u>18,500.00</u>
<u>Trust interest in 88 Oak Village Blvd - Homosassa FL Mother's Home</u>	<u>0</u>
<u>Lot 72 + 73 Fontana Ridge, NC Bryson City.</u>	<u>55,000</u>
<u>6423 W. Riverbend Rd Dunnellon, FL Residence</u>	<u>155,000</u>
<u>Scottrust Checking - Suncoast Blvd Crystal River FL</u>	<u>4,000</u>

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>Coke Creek Development - 29546 - Hwy 54 Zephyrhills, FL</u>	<u>6,500</u>
<u>Dunnellon State Bank - Dunnellon, FL</u>	<u>124,000</u>
<u>Jean Marchese 88 Oak Village Blvd, Homosassa</u>	<u>10,000</u>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D - INCOME

You may ***EITHER*** (1) file a complete copy of your 2006 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2006 federal income tax return. [If you check this box and attach a copy of your 2006 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida legislature Senate.	404-S. Monroe St, Tallahassee FL	29,900

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS 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 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

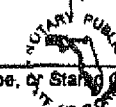

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 8th day of

August, 2007 by _____

Kay E. Posey
(Signature of Notary Public—State of Florida)

 **Kay E. Posey**
Commission # DD351180
(Print, Type, or Stamp Designated Name of Notary Public)

Expires August 30, 2008
(If Notary Public, Indicate Term of Office: Insurance, Inc. 500-385-7819)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

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



2007

Continuation of Part B

Description of asset:

Lot 6-12 Dr. Weathers Subdivision, Swain Co. N.C. (35%)
(\$70,000.⁰⁰)

Lot 13 Dr. Weathers Subdivision, Swain Co. N.C. (35%)
(\$13,500.⁰⁰)

(1989 Vogue motorhome
(Part of the \$29,000 in part B)
(\$7,500.⁰⁰)



Kay E. Posey
Commission # DD351180
Expires August 30, 2008
Bonded They Pain - Insurance, Inc. 800-899-7018

Kay E. Posey

TAB 11

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2008

*****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

FOR OFFICE
USE ONLY:COMMISSION ON ETHICS
DATE RECEIVED

JUL 07 2009

ID Code



ID No.

16784

Conf. Code

P. Req. Code *****

Argenziano, Nancy

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 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 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
Florida Public Service Commission	2540 Shumard Oaks Blvd. Tallahassee, FL	Utility Regulation

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]

FILING INSTRUCTIONS for when
and where to file this form are locat-
ed 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 PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Do not exceed qualifying 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			

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

SIGNATURE (required):

DATE SIGNED (required):

6/23/09

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 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.

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.