	Yes ::	income, transactions, or liabilities of a spouse or dependent child yes" unless you have first consulted with the Committee on Ethics.	sets, "unearned" 7 Do not answer"	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities because they meet all three tests for exemption? Do not answer "yes" unless you have first consult	
	¥es ∷ No 🗸	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	ved by the Comm	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other ".  disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, o	
	STIONS	IATION ANSWER EACH OF THESE QUE	JST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	ml
				If yes, complete and attach Schedule V.	
	d and the appropriate	Each question in this part must be answered and the appropriate	Yes No	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?	<
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
·	outside Yes No	Did you have any reportable agreement or arrangement with an outside DX. entity?	Yes 🕢 No 🗌	Did you, your spouse, or dependent child purchase, sell, or exchange any  IV. reportable asset in a transaction exceeding \$1,000 during the reporting	7
	Ì	If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
	lling in the Yes 🗸 No 🗌	Did you hold any reportable positions on or before the dats of filing in the VIII. current calendar year?	Yes 🕢 No 🗌	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	=
		If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	
	ble travel or han \$335 Yes 🔲 No 🕢	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No	Did any individual or organization make a donation to charity in iteu of paying ii. you for a speech, appearance, or article in the reporting period?	=
		if yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
	ble gift in Yes No	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt?)	Yes No	Did you or your spouse have "samed" income (e.g., salaries or fees) of \$200 i. or more from any source in the reporting period?	<u></u>
•		QUESTIONS	THESE	PRELIMINARY INFORMATION - ANSWER EACH OF	ا ہا
	late.	ation	Termination	Type ( Annual (May 15)  Amendment	
	more than 30 days	Termination Date:		Report	
	be assessed against	Employee		U)	
	A \$200 penalty shall	Officer Or Employing Office:		Filer Member of the U.S. State: FL	
_	(Office Use Only)	(Daytime Telephone)		(Full Name)	
	D DELIVERE	8636448215 <b>HA</b> I		Dennis Ross	
557	1965 - 19	. O	MENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	
ć	TO THE TO SEE TO CO	CODM A Page 1 of 7	7 / 11 / 17 0		
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## SCHEDULE 1 - EARNED INCOME

Name Dennis Ross

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source		Туре	Amount
ROSS VECCHIO PA	ATTORNEY		\$61,532

SMALL CAP GROWTH FUND	ROSS VECCHIO PA	OPPENHEIMER DEVELOPING MARKET	JOHN HANCOCK STRATEGIC	ALL CAP GROWTH FUND	3308 CLEVELAND HEIGHTS BLVD 33803	publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting vacation).	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.
\$1,001 - \$15,000	\$1,000,001 - \$5,000,000	\$1,001 - \$15,000	\$100,001 - \$250,000	\$1,001 - \$15,000	\$1,000,001 - \$5,000,000		Year-End Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."
CAPITAL GAINS	S CORP INCOME	CAPITAL GAINS	None/CAPITAL GAINS	CAPITAL GAINS	RENT		BLOCK C  Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or iRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
NONE	\$191,883	NONE	NONE	NONE	\$26,205		Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" If no income was earmed or generated.
	S(part)						BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

S	CHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	OME	Name Dennis Ross	OSS		Page 4 of 7
	R	WOODMAN OF THE WORLD	\$1,0 \$15	\$1,001 - \$15,000	INTEREST	\$250	
	DC	WOODMAN OF THE WORLD	<del>\$</del> 1,0	\$1,001 - \$15,000	INTEREST	\$250	

## SCHEDULE IV - TRANSACTIONS

Name Dennis Ross

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Ro	SP, DC, JT	
ROSS VECCHIO , PA	Asset	
S(part)	Type of Transaction	
Yes	Capital Gain in Excess of \$200?	
01/01/2010	Date	
\$100,001 - \$250,000	Amount of Transaction	

## SCHEDULE V - LIABILITIES

Name Dennis Ross

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC,		Date Liability		
JT	Creditor	Incurred	Type of Liability	Amount of Liability
	BANK OF AMERICA, CHARLOTTE NC	Various	Credit Card	\$10,001 - \$15,000
	BANK OF AMERICA CHARLOTTE, NC	Various	Credit Card	\$15,001 - \$50,000
	BANK OF CENTRAL FLORIDA	Various	Line of Credit- Unsecured	\$15,001 - \$50,000

## **SCHEDULE VIII - POSITIONS**

Name Dennis Ross

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

partner	Position	
ROSS VECCHIO P.A.	Name of Organization	