## FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS



2008

FINANCIAL INTERESTS						
(TO BE FILED WITI	HIN 60 DAYS OF LEAV	ING PUBLIC OFFIC	E OR EMPLOYMEN	T)		
LAST NAME - FIRST NAME - MIDDLE  BUBACK DENN		NAME OF REPORTING PE	RSON'S AGENCY:			
MAILING ADDRESS:  ZOO DEWERA OF T. Myens Box.  CITY: ZIP:		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3)  LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE  LIST OFFICE OR POSITION HELD:				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINAN OFFICE OR EMPLOYMENT DESCRIBED  MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILERS THE FEWER CALCULATIONS, OR USING CO further details). PLEASE STATE BELOW  COMPARATIVE (PERCENT	ABOVE, WHICH DATE WAS	OD BETWEEN JANUARY 1, 20  P2. 14, 2008  THRESHOLDS THAT RE BS CH ARE USUALLY BASEL OF	008 AND THE LAST DATE I HELI , 2008. ( <b>Date must by Pri</b> solute de la R VALGES, VIHI MPERCENTAGE VALUES (sec	or to 12/31/08)		
PART A PRIMARY SOURCES OF INCOME [Major sources of income NAME OF SOURCE SOURCE OF INCOME ADDRI		DESCRIPTION OF THE SOURCE'S				
BESACK COMMORGIAL GASSP 13420 PARKER		EMMENS BLUD	Commercial Proporty	MANNER		
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	OF INCOME [Major customers, c NAME OF MAJOR SOURCES OF BUSINESS' INCOME	lients, and other sources of inc ADDRESS OF SOURCE	ome to businesses owned by rep PRINCIPAL B ACTIVITY OF	BUSINESS		
PART C REAL PROPERTY [Land,	buildings owned by the reporting po	erson]	FILING INSTRUCTIO when and where to file the located at the bottom of	nis form are		
N/N			INSTRUCTIONS on we this form and how to fill on page 3 of this packet.  OTHER FORMS your	tho must file it out begin		
	<u> </u>		file are described on page	, ,,ccu to		

PART O — INTANGIBLE PERSONAL PRO	PERTY [Stocks, bonds		CH THE PROPERTY RELATI	ES E		
				75 [5]		
A/X						
, , ,						
				The state of the s		
				0		
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR	1	ADDRESS (	OF CREDITOR			
ABN - AMRO MORTENEE	8201	<u></u>				
FIRE THICK BOLK	5050 1	8201 MUNOUSTION WAY - CATCHEO FLE 60682 5050 KINGSLEY IMOCZE - CIN CHANTI, OH 45263				
		<i></i>				
PART F — INTERESTS IN SPECIFIED BUS	SINESSES [Ownersh	ip or positions in certain types of I	ousinesses]			
NAME OF BUSINE	SS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS	ENTITY #3		
BUSINESS ENTITY ADDRESS OF	· · · · · · · · · · · · · · · · · · ·					
BUSINESS ENTITY PRINCIPAL BUSINESS						
ACTIVITY POSITION HELD	/XI					
WITH ENTITY LOWN MORE THAN A 5%	/					
INTEREST IN THE BUSINESS NATURE OF MY						
OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH	F ARE CONTINUI	ED ON A SEPARATE SHE	ET, PLEASE CHECK H	ERE 🔲		
SIGNATURE:	1111	DATE S	IGNED:			
SIGNATURE: Nennis C. A	Orkack	Rock June 1, 2008				
	FILING IN	STRUCTIONS:				
				'		
WHAT TO FILE:	WHERE TO F		NOTE:			
After completing all parts of this form on pages 1 and 2, including signing and dating it.		s: file with the Supervisor of county in which you perma-	If you are leaving office or employment during the first half of 2008, you may not			
send back only pages 1 and 2 for filing (you need not return any of the instruction pages).		you do not permanently reside high the Supervisor of the county	have filed Form 1 for 2 this is not the last form			
Facsimiles will not be accepted.	where your agenc	y has its headquarters.)	though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2007 by July 1 of 2008.			
WHEN TO FILE:	ees: file with the	s or specified state employ- Commission on Ethics, P.O.				
At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure	physical address	Tallahassee, FL 32317-5709; s: 3600 Maclay Boulevard, Tallahassee, FL 32312.				

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To determine what category your position falls under, see the "Who Must File" Instructions

on page 3.

employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes

another position within the 60-day period that requires filing financial disclosure on Form 1 or