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FORM 1 F FINAL STATEMENT OF FINANCIAL INTERESTS (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME - FIRST NAME - MID Borkert, Ney: MAILING ADDRESS: 1833 Hendry CITY: ZIP: Ft. Myers 3		COUNTY: LEE		LLOWING (see "Who Must File" on page 3): CER STATE OFFICER STATE EMPLOYEE	
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 2008 AND THE LAST PATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS March Manner OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTINGE VALUES THEORY FOR THE DELOW WHETHER THIS STATEMENT REFLECTS EITHER (c)evk (be); Image: comparative (PERCENTAGE) THRESHOLDS OB DOLLAR VALUE MIDSHOLDS					
PARTA - PRIMARY SOURCES OF INCOME [Major sources NAME OF SOURCE OF INCOME Pavese Law Firm 1833 He		SOUR(ADDRI	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Practice of La	<u>~</u>
PART B SECONDARY SOURC NAME OF BUSINESS ENTITY		COME [Major customers, cl OF MAJOR SOURCES BUSINESS' INCOME	ients, and other sources of inc ADDRESS OF SOURCE	come to businesses owned by reporting pera PRINCIPAL BUSINESS ACTIVITY OF SOURCE	ion]
PART C-REAL PROPERTY IL 77 Alameda		s owned by the reporting pa		FILING INSTRUCTIONS for when and where to file this form a located at the bottom of page 2.	re
				INSTRUCTIONS on who must f this form and how to fill it out beg on page 3 of this packet. OTHER FORMS you may need file are described on page 6.	in

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PART D INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	IY [Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
-none-					
PART E LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR				
AES	P.O. Box 162296, Harrisburg, PA 17102				
Suncoast Schools FCU	P.D. Box 11904, Tampa FL 33680				
PART F INTERESTS IN SPECIFIED BUSINES	SSES [Ownership or positions in certain types of businesses]				
BUSINESS EN	NTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3				
BUSINESS ENTITY - NONE	<u>e – · · · · · · · · · · · · · · · · · · </u>				
ADDRESS OF _BUSINESS ENTITY					
PRINCIPAL BUSINESS					
I OWN MORE THAN A 5%		<u></u>			
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F AR	RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE: Newsubah	SIGNATURE: DATE SIGNED: 8/7/08				
FII	LING INSTRUCTIONS:				
After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). in Facsimiles will not be accepted. with WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state 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 opeihon within the 60 day parted that	WHERE TO FILE: Local officers: file with the Supervisor of Elections of the county in which you perma- nently 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 employ- ees: 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. To determine what category your position falls under, see the "Who Must File" Instructions on page 3.	y not case, even ortion . You			

FORM 1 F FINAL STATEMENT OF 2008					
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME - FIRST NAME - MID BOYKEY - NELLSY MAILING ADDRESS: 1933 Hendry S CITY: Ft. Myers ZIP:	NAME OF REPORTING PERSON'S AGENCY: <u>Treelive</u> , <u>Preserve</u> , <u>CDD</u> CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3): <u>A</u> LOCAL OFFICER <u>SPECIFIED</u> STATE OFFICER <u>SPECIFIED</u> STATE EMPLOYEE LIST OFFICE OR POSITION HELD: <u>bound</u> <u>Member</u>				
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2008 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS, 2008. (Date must be prior to 12/31/08) MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ARSOLUTE DOLLAR VALUES WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VLUEL (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check orb): OR DOLLAR VALUE, THRESHOLDS					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting permission of income			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Practice of Law		
PART B SECONDARY SOURC NAME OF BUSINESS ENTITY	CES OF INCOME [Major customers, o NAME OF MAJOR SOURCES OF BUSINESS' INCOME	clients, and other sources of inc ADDRESS OF SOURCE	ome to bu	sinesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
		+	··	· · · · · · · · · · · · · · · · · · ·	
PART C-REAL PROPERTY [Land, buildings owned by the reporting person] 77 Alameda Ave., Ft. Myers, FL 33905			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 of this packet. OTHER FORMS you may need to file are described on page 6.		
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE , BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
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		+				
PART E LIABILITIES [Maj NAME OF CRED			ADDRESS)R	
AES		PO BC	PO Box 162296, Harris burg, PA 17102			
Suncoast Sch	ods Fcu	PO BO	PO Box 11904, Tampa, FL 33680			
		1	* <u>2</u>			
		1			· ·	
	- <u> </u>					
PART F INTERESTS IN S						
PARI F - INTEREOTO IN O	BUSINESS EI		BUSINESS ENTITY # 2		BUSINESS ENTITY # 3	
	- none -	-				
ADDRESS OF						
BUSINESS ENTITY PRINCIPAL BUSINESS						
ACTIVITY POSITION HELD						
WITH ENTITY I OWN MORE THAN A 5%			[
INTEREST IN THE BUSINESS						
OWNERSHIP INTEREST						
IF ANY OF PARTS	A THROUGH F AF	RE CONTINUEI	D ON A SEPARATE SHE	ET, PLEAS		
SIGNATURE: MULSIA BONGEN DATE SIGNED: 817108						
ΓV.	DT	T TATC' TAIC	TTATIONS.			
FILING INSTRUCTIONS:						
WHAT TO FILE: W After completing all parts of this form on		WHERE TO FIL Local officers:	E: ; file with the Supervisor of	NOTE:	are leaving office or employment	
pages 1 and 2, including signing and dating it, Ek send back only pages 1 and 2 for filing (you ne		ently reside. (If you do not permanently reside		during the have filed	e first half of 2008, you may not I Form 1 for 2007. In that case, It the last form you will file, even	
		where your agency	here your agency has its headquarters.)		e Form 1F covers the final portion	
At the end of office or employment each Dr local officer, state officer, and specified state ph employee is required to file a final disclosure So form (Form 1F) within 60 days of leaving office or employment, unless he or she takes fail				quired to file Form 1 for 2007 by		
		To determine what category your position alls under, see the "Who Must File" Instructions in page 3.				

Form 6.