FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2006

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

(10 22 112 1111	· · · · · · · · · · · · · · · · · · ·			231(2)		
LAST NAME — FIRST NAME — MIDDLE NAM	NAME OF REPORTING PERSON'S AGENCY:					
Brown, Terri Lyn	Lee County Animal Services					
671 Pangola Drive	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):					
Fort Myers \$33905  CITY: ZIP:	Lee county:	LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: Kenne Operation				
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED***  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2000 AND THE LAST DATE I LIELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS DECEMBER 1, 2006 (Date must be prior to 12/31/66)  MANNER OF CALCULATING REPORTABLE INTERESTS:  THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR ALUES 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 INCO NAME OF SOURCE OF INCOME	e to the reporting person] CE'S ESS	n] DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
	INCOME [Major customers, cline of MAJOR SOURCES F BUSINESS' INCOME	ients, and other sources of inc ADDRESS OF SOURCE	PRINCIP	y reporting person] AL BUSINESS Y OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  6670 Neal Bd FM, FL 33905  6791 Pangola DR PM, 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 pace  OTHER FORMS you file are described on	ket. ou may need to		
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	ICH THE PROPERTY RELATES			
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR	ľ	ADDRESS OF CREDITOR				
	· · · · · · · · · · · · · · · · · · ·					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]    BUSINESS ENTITY # 1						
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY POSITION HELD						
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS  NATURE OF MY OWNERSHIP INTEREST						
	ARE CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE: DATE SIGNED: 12/10/06						
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO FILE: If you are leaving office or em					
After completing all parts of this form on pages 1 and 2, including signing and dating	Local officers: file with the Supervisor of Elections of the county in which you perma-		during the first half of 2006, you may not have filed Form 1 for 2005. In that case,			
it, send back only the first sheet for filing (you need not return any of the instruction pages).	in Florida, file with the	o not permanently reside Supervisor of the county	this is not the last form you will file, even though the Form 1F covers the final portion			
Facsimiles will not be accepted.		specified state employ-	of your term of office or employment. You will be required to file Form 1 for 2005 by July 1 of 2006.			
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	Drawer 15709, Tallah	nmission on Ethics, P.O. lassee, FL 32317-5709; Maclay Boulevard, South, FL 32312.	outy 1 of 2000.			
form (Form 1F) within 60 days of leaving office or employment, unless you take another posi- tion within the 60-day period that requires you	To determine what	t category your position ho Must File" Instructions				
to file financial disclosure on Form 1 or Form 6.	NOTE:					