FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

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(TO BE FILED WITH		IN I EKES IS ING PUBLIC OFFIC	CE OR EMPLOYMENT			
LAST NAME - FIRST NAME - MIDDLE NAME: Compbell, Harry, A.		NAME OF REPORTING PE				
P.O. Bax 6160	0	LOCAL OFFIC	LLOWING (see "Who Must File" on page 3): CER STATE OFFICER TATE EMPLOYEE			
city: zip: Fort Myers 3390	county:	O. CON 125 O	ONHELD: Manager, Traffic Chief Traffic Engineer			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2009 AND THE LAST DATE I DELOTHE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 1, 2009. (Date mustbe prof to 12/1/09) ****RECEIVED NOTE: CONTINUE REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH RECEIVES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTALE VALUES (see informations 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 INC NAME OF SOURCE OF INCOME	SOURC ADDRI	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Lee County Bocc	21155 econd 61.	, Ft. Myers 33901	Lee County Government			
City of Orlando Pension Fund	P.O.Box 4990	0, Orlando, FL 2862-4990	City of Orlando Government			
NAME OF NA	F INCOME [Major customers, cli AME OF MAJOR SOURCES OF BUSINESS' INCOME	dients, and other sources of inco ADDRESS OF SOURCE	ome to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
None						
						
		<u> </u>				
PART C REAL PROPERTY [Land, build 9660 Los Casas Ft. My cers, FL 3		erson]	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.			

PART D — INTANGIBLE PERSONAL PRO TYPE OF INTANGIBLE	PERTY [Stocks, bonds,	certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
Wachovia Money Mark	Et Bank,	Wachovia	
Money Market	North	ern Trust	
Retirement Account	- ICM	1 Retirement	Conperation
Mufual Funds	Fide	life Investmen	15
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CRED	NTOP
CMAC Machage C.	LOUN P.O. 3		ho IA
TAILTIE THE IGNOC LES	F. C 3	TOLLY IVE	E0704-46-77
PART F — INTERESTS IN SPECIFIED BU	SINESSES [Ownership	or positions in certain types of businesse	s None
PART F — INTERESTS IN SPECIFIED BU BUSINI	SINESSES [Ownership	or positions in certain types of businesse BUSINESS ENTITY # 2	BUSINESS ENTITY #3
		•	• -
BUSINI NAME OF		•	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF		•	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS		•	BUSINESS ENTITY # 3
BUSINI NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD		•	BUSINESS ENTITY # 3
BUSINE NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%		•	BUSINESS ENTITY # 3
BUSINI 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	ESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINI 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	ESS ENTITY # 1	DON A SEPARATE SHEET, PLE	BUSINESS ENTITY # 3

FILING INSTRUCTIONS:

WHAT TO FILE:

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). Facsimiles will not be accepted.

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 position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2009, you may not have filed Form 1 for 2008. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2008 by July 1 of 2009.