## FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2011

(10 BE FILED WITHIN 80 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)				
LAST NAME — FIRST NAME — MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:		
Conner Pamela Lynn		Lee County Port Anther & 45		
MAILING ADDRESS:		CHECK ONE OF THE FOLLOWING (see "Who Must File on page 3):		
13 19 Leonie Ricor IV		LOCAL OFFICER STATE OFFICER		
Ashland City, 710	cheatam	LIST OFFICE OR POSIT	Milayi.	
CITY: () ZIP: 3 7015	COUNTY:	General Son		
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED***				
THIS STATEMENT REFLECTS BY PINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED AROVE, WHICH DATE WAS 1 31-11 , 2011. (Date must be prior to 12/31/11)				
MANNER OF CALCULATING REPORTABLE INTERESTS:				
THE CENSIATURE ALLOWS FILE AS THE OFTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULAT DIMEO OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for furtier letails). PLE SE STATE BELOW WHITHER THIS STATEMENT REFLECTS EITHER (must check one):				
COMPARATIVE (PERCENTAGE			DLLAR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  (If you have nothing to report, you must write "none" or "n/a")				
NAME OF SOURCE	·		DESCRIPTION OF THE SOURCES	
OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
	-1/M			
	H-1-1-1			
<del></del>	- / V V			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]				
(If you have nothing to report, you				
the state of the s	E OF MAJOR SOURCES F BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	70			
	1-			
Y /				
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
- AA			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.	
			ine are described on page o.	

PART D — INTANGIBLE PERSONAL PROP (If you have nothing to report, you mu	PERTY [Stocks, bonds, certificates of deposit, etc.] ust write "none" or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WH	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
	- $A + II + -$				
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		<u>₩</u> .			
		F			
PART E — LIABILITIES [Major debts] (If you have nothing to report, you mu	st write "none" or "n/a")	OF CREDITOR			
NAME OF CREDITOR	ADDRESS	OF CREDITOR			
	HA//14				
	_	<u>_</u>			
PART F — INTERESTS IN SPECIFIED BUSIN (If you have nothing to report, you mus	NESSES [Ownership or positions in certain types of the start of the st	ousinesses]			
_ , , , , ,	SENTITY#1 BUSINESS ENTITY#2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY	/U//+				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE: Tampla hlommer DATE SIGNED: +216-2011					
FILING INSTRUCTIONS:					
WHAT TO FILE:	WHERE TO FILE:	NOTE:			
After completing all parts of this form on <b>Local officers:</b> file with the Supervisor of <b>If you are leaving office or emplo</b> pages 1 and 2, including signing and dating it, Elections of the county in which you perma- <b>during the first half of 2011, you m</b>					
send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.	nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)	have filed Form 1 for 2010. In that case, this is not the last form you will file, even though the Form 1F covers the final portion			
WHEN TO FILE:	State officers or specified state employ- ees: file with the Commission on Ethics, P.O.	of your term of office or employment. You will be required to file Form 1 for 2010 by July 1 of 2011.			
At the end of office or employment each local officer, state officer, and specified state	Drawer 15709, Taliahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard,	July 1 01 2011.			
employee is required to file a final disclosure form (Form 1F) within 60 days of leaving	South, Suite 201, Tallahassee, FL 32312.  To determine what category your position				
office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or	falls under, see the "Who Must File" Instructions on page 3.				

Form 6.