FORM 1	STATEMENT OF			2008		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS						
LAST NAME FIRST NAME MIDDLE NAM ELLIOTT, Leighton Mark MAILING ADDRESS : 3019 SE 10th Avenue	E :	FOR OF USE ON		ode		
CITY : ZIF Cape Coral 33904 NAME OF AGENCY : Broward County Highway & Bridge NAME OF OFFICE OR POSITION HELD OR Director You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR	, if necessary. PPOINTEE		ode o. Code eq. Code			
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, 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						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person NAME OF SOURCE SOURCE'S OF INCOME ADDRESS				SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
Broward County	1600 Blount Road, Pompano Beach, Fl		Highway Maintenance			
				······		
	DME [Major customers, clients, ME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A						
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 3019 SE 10th Avenue, Cape Coral, FI, 33904			and w	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.		
193 Wimbledon Lake Drive, Plantation, Fl 33324				RUCTIONS on who must file orm and how to fill it out begin ge 3.		
				OTHER FORMS you may need to file are described on page 6.		

PART D INTANGIBLE PERSO TYPE OF INTANG		Stocks, bonds, certi	ficates of deposit, etc.] BUSINESS ENTITY TO WHIC				
N/A	· · · · · · · · · · · · · · · · · · ·						
			<u></u>				
PART E — LIABIL/TIES [Major debts] NAME OF CREDITOR		I	ADDRESS OF CREDITOR				
Wells Fargo Home Mortgage			an a	· · · · · · · · · · · · · · · · · · ·			
			,				
······································			· · · · · · · · · · · · · · · · · · ·				
PART E - INTERESTS IN SPEC		Ownership or pos	sitions in certain types of businesses	1			
		ENTITY # 1	I BUSINESS ENTITY # 2				
	N/A						
ADDRESS OF		,,,,,,,_,_,_,_,_,_,					
BUSINESS ENTITY PRINCIPAL BUSINESS							
ACTIVITY POSITION HELD							
WITH ENTITY							
INTEREST IN THE BUSINESS NATURE OF MY			·····	······································			
OWNERSHIP INTEREST							
IF ANY OF PARTS	A THROUGH F	ARE CONTINU	ED ON A SEPARATE SHEE	ET, PLEASE CHECK HERE			
SIGNATURE (required):	3-4	Ą	DATE SI	IGNED (required): 7, 7, 09			
		FILING II	NSTRUCTIONS:				
WHAT TO FILE: After completing all parts of this form, including signing and dating it. send back only the first sheet (pages 1 and 2) for filing.		WHERE TO FILE: If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.		WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employ- ment. Appointees who must be confirmed by			
section, you must write "none" or "n/a" in that section(s).		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county		the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.			

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

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.

Candidates file this form together with their qualifying papers.

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

LEE Country Supervisor of Elections Office "LET US DARE TO READ, jesticettedetterstatestetetetesteleitetetetete powerow up MUNK, SPI the materia 東京市にいった Tot Myers 181 33902 TI MA GOOS JUL TO SOUTH FLORIDA PDO P.o. B ox 2545 U. 33302+2242 zoig se (cth due yarre cont, FI 33904 ļ 1903 - 1905 91/9011060 - Co Ei