FORM 1 F

FINAL STATEMENTUOF 1134 50E Lee Co F1

2008

FINANCIAL INTERESTS

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

				-
LAST NAME - FIRST NAME - MIDDLE NAM	E :	NAME OF REPORTING PE	ERSON'S AGENCY:	
Eslick, DONALD FA	RRELL	Lee County	DRIGR ANT	to c. Com
23650 Via Veneto	*604	CHECK ONE OF THE FO	LLOWING (see "Who Must File	e" on page 3):
23630 VIA VETCE	<i>307</i>	LOCAL OFFIC	CER STATE OFFICER	₹
			STATE EMPLOYEE	
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION	·	
Ponita Sorinas 34	34 LEE	_ Committe	ee viemner	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL OFFICE OR EMPLOYMENT DESCRIBED ABOUT THE LEGISLATURE ALLOWS FILERS THE OPTEWER CALCULATIONS, OR USING COMPACTURE (PERCENTAGE) COMPARATIVE (PERCENTAGE)	VE, WHICH DATE WAS; BLE INTERESTS: TION OF USING REPORTING RATIVE THRESHOLDS, WHI THER THIS STATEMENT REF	THRESHOLDS THAT THE ACH ARE USUALLY BASED OF LECTS EITHER (check on the	2008 AND THE LAST PATE I HE , 2008. (Date must be I SOLUTE DOLLAR VALUES, W	Prior to 12/31/08) HICH REQUIRES Be instructions for

PART A PRIMARY SOURCES OF INCO	ME (Major sources of income SOURC		DESCRIPTION OF THE S	OURCE'S
OF INCOME	ADDRI	ESS	PRINCIPAL BUSINESS A	CTIVITY
SEE ATTACHMEN	7			
PART B SECONDARY SOURCES OF II	- ·		•	
l l	E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		. BUSINESS OF SOURCE
NONE				
-				
		·		
PART C REAL PROPERTY [Land, building	ngs owned by the reporting per	rson]	FILING INSTRUCTI when and where to file located at the bottom o	this form are
			INSTRUCTIONS on this form and how to fil on page 3 of this packe	ll it out begin
			OTHER FORMS you file are described on pr	may need to ige 6.

PART D — INTANGIBLE PEI	RSONAL PROPERTY (Stocks, bo	nds certificates of deposit, etc.)	
TYPE OF INTAN		BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES
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DADTE I IADII ITIES (No.	as dahiat		
PART E — LIABILITIES [Majo NAME OF CRED	or debts) DITOR	ADDRESS OF	CREDITOR
NONE			
7.77.			
		.	
PART F — INTERESTS IN SF		rship or positions in certain types of busi	_
	PECIFIED BUSINESSES [Owner BUSINESS ENTITY # 1	rship or positions in certain types of busi BUSINESS ENTITY # 2	nesses] BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			_
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY			BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY			BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY			BUSINESS ENTITY # 3
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			BUSINESS ENTITY # 3
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			BUSINESS ENTITY # 3
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	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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	BUSINESS ENTITY # 1		BUSINESS ENTITY # 3
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	BUSINESS ENTITY # 1 NONE A THROUGH F ARE CONTIN	BUSINESS ENTITY # 2	PLEASE CHECK HERE

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 haif of 2008, you may not have filed Form 1 for 2007. 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 2007 by July 1 of 2008.

Part A.-Supplement

Name of Source of Income	Source's Address	Source's Principal Business Activity
Social Security Administration	601 E. 12 ^m Street, Kansas City, MO 64106-2859	Retirement System Administration
United Services Automobile Association (USAA)	9800 Fredricksburg Road, San Antonio, TX Insurance and Financial Services 78288	Insurance and Financial Services
State Employees Retirement System	3101 S. Veterans Parkway, Springfield, IL 62794-9255	Retirement System
TIAA-CREF	720 Third Avenue, N.Y., N.Y. 10017-3206	Insurance Retirement System
Baird Pension Plan (The Hartford)	P.O. Box 1583, 02-1583	Pension Administration/Insurance
Charles Schwab	5190 Neil Road, Suite 100, Reno, NV 89502-9937	Financial Services