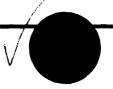
FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2008

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)							
LAST NAME - FIRST NAME - MIDDLE NAME: E WORLT; NEWEN MACE			NAME OF REPORTING PERSON'S AGENCY:				
MAILING ADDRESS: 10700 Gladiolus Dr.			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
CITY: ZIP: COUNTY:			LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE				
			LIST OFFICE OR POSITION HELD:				
				g-on-			
BOTH PARTS OF THIS SECTION MUST BE COMPLÉTED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1 2008 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS							
COMPARATIVE (PERC	ENTAGE) THRESHOLDS	OR 🗓 DÖL	AR VALUE THRESHOLDS			
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME		ME [Major sources of income to the reporting person] SOURCE'S ADDRESS		DESCRIPTION OF THE JOURCE'S PRINCIPAL BUSINESS ACTIVITY			
	Jan						
	/						
NAME OF BUSINESS ENTITY	NAM	NCOME [Major cuatómers, cl E OF MAJOR SOURCES F BUSINESS' INCOME	ients, and other sources of inc ADDRESS OF SOURCE	ome to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
	<u>.</u>						
PART C REAL PROPERTY [Lai	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.			
	~~~~			OTHER FORMS you may need to			
				file are described on page 6			

PART D — INTANGIBLE PERS		TY [Stocks, bonds		ICH THE PROPERTY RELATES				
			<u> </u>					
	<u></u>							
			<del> </del>					
PART E — LIABILITIES [Major debts]		_ \	ADDRESS	OF CREDITOR				
NAME OF CREDITOR		ADDRESS OF CREDITOR						
		+						
		4						
	<del></del>	· · · · · · · · · · · · · · · · · · ·						
PART F — INTERESTS IN SPE								
NAME OF	BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
BUSINESS ENTITY ADDRESS OF								
BUSINESS ENTITY PRINCIPAL BUSINESS	<u> </u>							
ACTIVITY								
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST	·							
IF ANY OF PARTS A	THROUGH F A	RE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE				
SIGNATURE:	a Ma	25	, DATE S	IGNED:				
/Visir	h //h	e cu	ently					
	FI	LING IN	STRUCTIONS:					
WHAT TO FILE:  After completing all parts of this form on  **Local officers: file with the Supervisor of . If you are leaving office or employed in the supervisor of . If you are leaving office or employed in the supervisor of . If you are leaving office or employed in the supervisor of .								
pages 1 and 2, including signing	Elections of the county in which you permanently reside. (If you do not permanently reside that case,							
need not return any of the instruction pages). in		in Florida, file with the Supervisor of the county this is not the last form you will file,						
Facsimiles will not be accepted.		where your agency has its headquarters.) though the Form 1F covers the final por of your term of office or employment.						
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		ees: file with the Commission on Ethics, P.O. Will be required to file Form 1 for 2007 by						
		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.						

Form 6.

#### FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS



2008

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

LAST NAME — FIRST NAME — MIDDLE NAME — WURTH WULLEN MI		NAME OF REPORTING PERSON'S AGENCY: puigborhood Social Harlem Mights puigborhood Sommittee					
MAILING ADDRESS:	Devise	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):					
10100 pharacours,	1 5.W.	LOCAL OFFICER STATE OFFICER					
It Mers. 2la 3390	08 Lee	SPECIFIED STATE EMPLOYEE					
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION HELD:					
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED.**  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN IANUARY 1, 20/8 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]							
NAME OF SOURCE OF INCOME	SØURG ADDRI	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
	/						
	NCOME Major customers, cl E OF MAJOR SOURCES BUSINESS NCOME	ients, and other sources of inco ADDRESS OF SOURCE	ome to businesses owned by reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
PART C REAL PROPERTY [Land, buildi	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.						
			OTHER FORMS you may need to file are described on page 6.				