

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2009 2010

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

LAST NAME -- FIRST NAME -- MIDDLE NAME: GILBERTSON, SCOTT MATHEW NAME OF REPORTING PERSON'S AGENCY: LEE CO BOCC

MAILING ADDRESS: 1500 MONROE ST
3RD FLOOR

CITY: FORD MYERS ZIP: 33901 COUNTY: LEE

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):
 LOCAL OFFICER STATE OFFICER
 SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: DIRECTOR - LEE DOT PURCHASING AGENT

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:
 THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, ~~2009~~ 2010 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS August 4, 2010 2009. (Date must be prior to 12/31/2009)

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 OR DOLLAR VALUE THRESHOLDS

FINAL REPORT

PART A -- PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person)

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|------------------|---|
| <u>NONE</u> | | |
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PART B -- SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by reporting person)

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| <u>NONE</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PART C -- REAL PROPERTY (Land, buildings owned by the reporting person)

| |
|-------------|
| <u>NONE</u> |
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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.

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| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] | |
|--|---|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| DEFEAS COMP (457) | NATIONWIDE RETIREMENT SOLUTIONS |
| | |
| | |
| | |
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| PART E — LIABILITIES [Major debts] | |
|------------------------------------|---------------------|
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| NONE | |
| | |
| | |
| | |

| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | |
|--|---------------------|---------------------|---------------------|
| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
| NAME OF BUSINESS ENTITY | NONE | | |
| 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 | | | |

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE:  DATE SIGNED: 8/4/10

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.