## FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS

	2008

(TO RE FILED WITHIN 60 DAVS OF LEAVING PURLIC OFFICE OR EMPLOYMENT)

SSY FITH HVE  Specified State employee  LIST OFFICE OR POSITION HELD: VICE - Chair	(TO BE FILED WITHIN 60 DAYS OF LEAV					
CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):    STATE OFFICER	LAST NAME FIRST NAME MIDDLE NAME:	NAME OF REPORTING PERSON'S AGENCY:				
CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):    STATE OFFICER		Pine Many NAC				
CITY: ZIP. COUNTY.  LIST OFFICE OR POSITION HELD: V.C.C CASC.Y.  SPECIFIED STATE EMPLOYEE  LIST OFFICE OR POSITION HELD: V.C.C CASC.Y.  SPECIFIED STATE EMPLOYEE  LIST OFFICE OR POSITION HELD: V.C.C CASC.Y.  SOURCE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1. 200 AND THE LAST DATE LED TO THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 2140 8 200 AND THE LAST DATE LOVED THE 1271/108)  MANNER OF CALCULATIONS REPORTIABLE INTERESTS:  THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLVE VALUES, WHICH DRESUMES FEWER CALCULATIONS. OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERSANGE VALUES Since path more for further details). PLEASE STATE BELOW WHICH THE 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  ADDRESS  DESCRIPTION OF THE SOURCES  OF INCOME  ADDRESS  PRINCIPAL BUSINESS ACTIVITY  PLANS ON F. F. SOUNCE  ACTIVITY OF SOURCE  PRINCIPAL BUSINESS ONE OF SOURCE  ACTIVITY OF SOURCE  PRINCIPAL BUSINESS OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]  NAME OF SOURCE OF SOURCE  OF SOURCE  PRINCIPAL BUSINESS OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]  NAME OF SOURCE OF SOURCE  PRINCIPAL BUSINESS OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  PART C - REAL PROPERTY [Land, buildings owned by the reporting person]  Home - 3 / - 5554 ACM AW, A MYCA  INSTRUCTIONS on who must file this form and how to fill it out begin it this form and how to fill it out begin		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
CITY 2IP: COUNTY:  LIST OFFICE OR POSITION HELD: V.C.C CASC.C. S.  "BOTH PARTS OF THIS SECTION MUST BE COMPLETED"  DISCLOSURE PERIOD:  THIS STATEMENT REPLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2 MAND THE LAST DATE I LED THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 2149 08	2224 Fifth AM	LOCAL OFFICER STATE OFFICER				
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PART C REAL PROPERTY [Land. buildings owned by the reporting person]  Home - 3/1 - 5554 FGh Aw. A Myrs  INSTRUCTIONS on who must file this form and how to fill it out begin	DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 200 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS					
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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	NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME	ADDRESS PRINCIPAL BUSINESS				
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OTHER FORMS you may need to file are described on page 6.		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				

PART D — INTANGIBLE PERSONAL PROP TYPE OF INTANGIBLE	ERTY [Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE PROPERTY RELATES		
CD's	Persona \			
Saving acct	Personal			
<i>J</i>				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS	ADDRESS OF CREDITOR		
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Marle		, r		
14010				
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DADT 5 INTERESTS IN ORGANISED DUST	AUCCEC (O	hionaaa)		
	NESSES [Ownership or positions in certain types of S ENTITY # 1 BUSINESS ENTITY # 2	•		
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY POSITION HELD	7			
WITH ENTITY I OWN MORE THAN A 5%	1019			
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: Come W. LO	DATE S	GIGNED: 3/24/08		
]	FILING INSTRUCTIONS:			
WHAT TO FILE: After completing all parts of this form on	WHERE TO FILE:  Local officers: file with the Supervisor of	NOTE: If you are leaving office or employment		
pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you	Elections of the county in which you permanently reside. (If you do not permanently reside	during the first half of 2008, you may not have filed Form 1 for 2007. In that case,		
need not return any of the instruction pages).  Facsimiles will not be accepted.	in Florida, file with the Supervisor of the county where your agency has its headquarters.)	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 2007 by		
At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure	Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.	July 1 of 2008.		
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	To determine what category your position falls under, see the "Who Must File" Instructions on page 3.			

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Form 6.