r'ORM 1 F



2008

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

(TO DE LIEEE WITHIN			
LAST NAME - FIRST NAME - MIDDLE NAME: HAACK Cheryl Dorey		NAME OF REPORTING PERSON'S AGENCY: HEritage Palms Community DEVELOPMENT DISTIE	
MAILING ADDRESS:		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):	
11072 Wine Palm			
Ft. Myers 33966 LEE		LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE	
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITIO	
		_ Super	Di SOY
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2008 AND THE ASI 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 SOURCE'S OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRICE			
none		1 A 14	5 6 6 1 V 5
HONE			
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			JAN 2 2009
			LEE COUNTY ELECTIONS
			LEE OCONTT ELECTIONS
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person] NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE NAME OF BUSINESS' INCOME OF SOURCE OF SOURCE ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] Home - 11072 Wine Palm Ft. Myws, FL			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
FT. IVIG CVS, FC			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 PERSONAL TYPE OF INTANGIBLE	PROPERTY [Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
TRA	merrill Lynch
CD	5/3 Bank
Manufacture Michigan	
PART E - LIABILITIES [Major debts] NAME OF CREDITOR Bank & America	ADDRESS OF CREDITOR 13650 Six Mile Cypress Parkway Ft. Mygrs FL 3.3912
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	BUSINESSES [Ownership or positions in certain types of businesses] SINESS ENTITY#1 BUSINESS ENTITY#2 BUSINESS ENTITY#3 GH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED: 1-15-09
WHAT TO FILE: After completing all parts of this form pages 1 and 2, including signing and datin send back only pages 1 and 2 for filing need not return any of the instruction page facsimiles will not be accepted. WHEN TO FILE: At the end of office or employment eaclocal officer, state officer, and specified state employee is required to file a final disclosur (form 1F) within 60 days of leaving office or employment, unless he or she take another position within the 60-day period the	it, 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 "Mho Must File" Instructions.

Form 6.

another position within the 60-day period that requires filing financial disclosure on Form 1 or

оп page 3.