FORM 1	STATEM	ENT OF	2008				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S				
LAST NAME - FIRST NAME - MIDDLE N HERRELL LEON A L	1	FOR OF USE ON	- · · -				
MAILING ADDRESS: 1746 CLUB	HOUSE ROAD	•					
CITY:	33917 LE		ID Code ID No. ID No. Conf. Code P. Req. Code CoF				
	BAYSHORE ELEMEN		V မ်ိဳ Conf. Code မျှ				
NAME OF OFFICE OR POSITION HELD O	R SOUGHT :		P. Req. Code				
You are not limited to the space on the lines o		lf necessary.	년 연				
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE							
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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							
PART A PRIMARY SOURCES OF INCO	SOUF	RCE'S	DESCRIPTION OF THE SOURCE'S				
OF INCOME LEE COUNTY SELHOOL DISTA	ADDR 2855 COLONIAL CT FT MYALS FL	BLVD966-10(2	PRINCIPAL BUSINESS ACTIVITY 10(2 PUBLIC SCHOOL				
NAME OF N BUSINESS ENTITY	ICOME [Major customers, clients, a IAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NONE							
PART C REAL PROPERTY [Land, build PRIMARY HOW	lings owned by the reporting persor	ı] 	FILING INSTRUCTIONS for whand where to file this form are loca				
PRIMARY - HON 1746 CLUB HOUSE FT. NYERS FL 3		ed at the bottom of page 2. INSTRUCTIONS on who must fill this form and how to fill it out begin on page 3.	ก				
			OTHER FORMS you may need to file are described on page 6.	°			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
CENTIFICATE OF DEPOSIT			KMERICA	110 (110) (111) (110)		
BANK OF AMERICA			77			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
NONE						
				1000		
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or positions in	certain types of businesses]			
<u> </u>	BUSINESS ENTI		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 (required): Leona Lynn Henrell DATE SIGNED (required): 6/17/09						
FILING INSTRUCTIONS:						

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they 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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

CE FORM 1 - Eff. 1/2009 PAGE 2