FORM 1	SIAILIV	ENT OF	2008
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTEREST	S
LAST NAME FIRST NAME MIDDLE NAM		FOR O	
Lewis Alicia Mae		USE	NLY:
2209 SW 13TH S	A		
	<del></del>		RECEIVED 2000
CITY: ZIF			No. AFR 8 2000 SUPERVISOR OF US
Cape Cural FL	33991		SUPLOF
Beach Road Golf	Estates CPD		coode Eller
NAME OF OFFICE OR POSITION HELD OR  ASSISTANT SECRETOR			P. Req. Co.
You are not limited to the space on the lines on t		i, if necessary.	, <b>U</b>
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR A	PPOINTEE	
DISCLOSURE PERIOD:	*BOTH PARTS OF THIS SECT	ION MUST BE COMPLETED*	*
THIS STATEMENT REFLECTS YOUR FINANCE	CIAL INTERESTS FOR THE PR	ECEDING TAX YEAR, WHETH	HER BASED ON A CALENDAR YEAR OR ON
A FISCAL YEAR. PLEASE STATE BELOW W  DECEMBER 31, 2008		FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN T	
MANNER OF CALCULATING REPORTABLE	INTERESTS:		<del>_</del>
THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR U	SING COMPARATIVE THRESH	HOLDS, WHICH ARE USUALI	LY BASED ON PERCENTAGE VALUES (see
instructions for further details). PLEASE STATI	E BELOW WHETHER THIS ST	ATEMENT REFLECTS EITHER	R (check one):
L. COMPARATIVE (PEROCHAGE) 11111	ESHOLDS <u>OR</u>	WEST DOLLARS	ALUE THRESHOLDS
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE		ne reporting person] RCE'S	. DESCRIPTION OF THE SOURCE'S
	SOU ADD	RCE'S RESS	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE	Noo Metro	RCE'S	
NAME OF SOURCE	SOU ADD	RCE'S RESS	PRINCIPAL BUSINESS ACTIVITY
Boylan Env. Cons-	Noo Metro	PKWY Ste. 4	Environ mental
Boylan Env. Cons-	Noo Metro	PKWY Ste. 4	Environ mental
Boylan Env. Cons- ultants Inc.	NOOD Metro Tract Myers  OME [Major customers, clients,	Pkwy Ste. 4 FL. 339 lole	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  businesses owned by the reporting person]
PART B SECONDARY SOURCES OF INCO	11000 Metro Fort Myers	PKWY Ste. 4 FL. 339 lole	Environ mental Consulting
PART B SECONDARY SOURCES OF INCO	ME [Major customers, clients,	Pkwy Ste. 4 FL. 339 tole  and other sources of income to	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  businesses owned by the reporting person]  PRINCIPAL BUSINESS
PART B SECONDARY SOURCES OF INCO	ME [Major customers, clients,	Pkwy Ste. 4 FL. 339 tole  and other sources of income to	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  businesses owned by the reporting person]  PRINCIPAL BUSINESS
PART B SECONDARY SOURCES OF INCO	ME [Major customers, clients,	Pkwy Ste. 4 FL. 339 tole  and other sources of income to	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  businesses owned by the reporting person]  PRINCIPAL BUSINESS
PART B SECONDARY SOURCES OF INCO	ME [Major customers, clients,	Pkwy Ste. 4 FL. 339 tole  and other sources of income to	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  businesses owned by the reporting person]  PRINCIPAL BUSINESS
PART B SECONDARY SOURCES OF INCO	ILOGO Metro Tract Myers  OME [Major customers, clients, ME OF MAJOR SOURCES OF BUSINESS' INCOME	Pkwy Ste. 4 FL. 339 tote  and other sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  businesses owned by the reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE  FILING INSTRUCTIONS for when
PART C - REAL PROPERTY (Land, building	ILOGO Metro Tract Myers  OME [Major customers, clients, ME OF MAJOR SOURCES OF BUSINESS' INCOME  s owned by the reporting persor	Pkwy Ste. 4 FL. 339 tole  and other sources of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  businesses owned by the reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE
PART C - REAL PROPERTY (Land, building	ILOOO Metro Tort Myers  OME [Major customers, clients, ME OF MAJOR SOURCES OF BUSINESS' INCOME  s owned by the reporting persor	Pkwy Ste. 4 FL. 339 tote  and other sources of income to ADDRESS OF SOURCE  The source of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE  FILING INSTRUCTIONS for when and where to file this form are locat-
PART C - REAL PROPERTY (Land, building	ILOGO Metro Tract Myers  OME [Major customers, clients, ME OF MAJOR SOURCES OF BUSINESS' INCOME  s owned by the reporting persor	Pkwy Ste. 4 FL. 339 tote  and other sources of income to ADDRESS OF SOURCE  The source of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE  FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
PART C - REAL PROPERTY (Land, building	ILOOO Metro Tort Myers  OME [Major customers, clients, ME OF MAJOR SOURCES OF BUSINESS' INCOME  s owned by the reporting persor	Pkwy Ste. 4 FL. 339 tote  and other sources of income to ADDRESS OF SOURCE  The source of income to ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY  Environ mental  Consulting  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  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

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
IRA		charles Schwab					
							·
						<del></del>	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	<u> </u>					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Bank of Ome		0000 xc	Get	zville	NY 140	200P&W	
Citi Mortgage	PO B	0x 600 6	The	Lakes	88 VU	301-6006	
Suncoast Schools FCU			0x 11901	1 Ta	mpa F	L 3368	0-1829
Honda Financia	PO	30x 70:	<u> 252.</u>	Philade	Iphia PA	19176	
							·
PART F — INTERESTS IN SPEC		· · · ·			-		
NAME OF	BUSINESS ENT	ITY # 1	BUSINES	S ENTITY #	2	BUSINESS E	NTITY # 3
BUSINESS ENTITY ADDRESS OF	NIA		<del></del>				
BUSINESS ENTITY PRINCIPAL BUSINESS			· · · · · · · · · · · · · · · · · · ·				
ACTIVITY POSITION HELD							
WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			<u></u> -				
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): Lucial cuis  DATE SIGNED (required): 5/8/2009				2009			
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 publicity-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.

FORM 1	STATEM	2008				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS				
LAST NAME - FIRST NAME - MIDDLE N		FOR OF	· -			
hewis Alicie	a Mae	USE ON				
	St.	(N)				
Cape Coral  CITY:  Parklands Collie  NAME OF AGENCY:  CASSISTENT Secret  NAME OF OFFICE OR POSITION HELD	ZIP: COUNTY:  C C C C C C C C C C C C C C C C C C C	, if necessary.	RECEIVED  AFT SUPERVISOR OF Contende ELECTIONS P. Req. Code/2/1/9			
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE OR A	PPOINTEE				
**BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  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:  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						
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	sou	ne reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Boulan Env. Consulto	ant 11000 metro	DKWY Ste. 4	Env. Consulting			
	Fort Muers					
	1011 . 1900	5 1 5 5 1 6 6 6				
PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]						
NAME OF 1 1	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS			
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE			
NA						

PART C - REAL PROPERTY [Land, buildings owned by the reporting person]

202 SE 36TH St. C.C. FL 33904 taxid # 36-44-23-C1-00918.0010 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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSO TYPE OF INTANG	ONAL PROPERTY (Stock	ks, bonds, certificates	of deposit, etc.] USINESS ENTIT	Y TO WHICH THE	PROPERTY RELATES	
IRA		Charles				
-14						
PART E — LIABILITIES (Major NAME OF CREE			A	DDRESS OF CREI	DITOR	
Bank of america		PO Box 9000 Cetzville NY 14068-9000				
Citi Mortaga	Q	PO Box	6006	The hake	JOOJ-10988 VA 20	
Suncoast Scho	als FCU	PO Box	11904	Tampa	FL 33680-1829	
Honda Financial Services Honda Finance Exchange PD Box 70252			PO Box 70252			
			Philan	lelephia.	PA 19176	
PART F - INTERESTS IN SPEC	IFIED BUSINESSES [O	wnership or positions in	certain types of	businesses]		
	BUSINESS ENT	ITY#1	BUSINESS E	NTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	NIA					
ADDRESS OF BUSINESS ENTITY	<b>.</b>					
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				<u></u>		
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):	liciati	aus		DATE SIGNED (r	required): 5/8/2009	

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