| FORM 1 F   |   | FEMENT OF<br>INTERESTS  |  |
|--|---|---|--|
| (TO BE FILED WITHIN  | 60 DAYS OF LEAV   | ING PUBLIC OFFIC  | CE OR EMPLOYMENT)  |
| LAST NAME FIRST NAME MIDDLE NAME:  |   | NAME OF REPORTING PE  | RSON'S AGENCY:   |
| LINDJEN JEFFREY THOMAS   |   | ESTERO FIRE   | E RESCUE   |
| 21500 THREE OAKS P/LWY   |   | CHECK ONE OF THE FOL  | LOWING (see "Who Must File" on page 3):  |
|  | <b>/</b>  |   | ER 🗋 STATE OFFICER 🛛 🖁   |
| •  | COUNTY:   | 1   | IN HELD: FIRE CHICT  |
| ESTERN 21P:<br>ESTERN 33928  | LEF   |   | ۲  |
| DISCLOSURE PERIOD:<br>THIS STATEMENT REFLECTS MY FINANCIAL<br>DFFICE OR EMPLOYMENT DESCRIBED ABO<br>MANNER OF CALCULATING REPORTAL | INTERESTS FOR THE PERI<br>VE, WHICH DATE WAS <u>し</u><br>BLE INTERESTS:<br>TION OF USING REPORTING<br>RATIVE THRESHOLDS, WH<br>THER THIS STATEMENT RE<br>) THRESHOLDS<br>ME [Major sources of incom<br>SOUR<br>ADDR | THRESHOLDS THAT ARE AB<br>ICH ARE USUALLY BASED C<br>FLECTS EITHER (check one):<br><u>QR</u> DOL<br>OC<br>e to the reporting person]<br>CE'S<br>ESS | SOLUTE COLLAR VALUES (See Instructions for   |
| ST PETERSBURG COLLEGE  |   |   | EDUCATION  |
| GAND CAMOR UNIV  | PHOENIA   | Az  | EDUCATO  |
|  | NCOME [Major customers, c<br>E OF MAJOR SOURCES<br>= BUSINESS' INCOME   | lients, and other sources of inc<br>ADDRESS<br>OF SOURCE  | come to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE                  |
| PART C REAL PROPERTY [Land, build]   | Bus E   | STERO FL 37 920   |  |
| 15892 MELODYLN L   | UMFRIES VA  | 22025   | INSTRUCTIONS on who must file<br>this form and how to fill it out begin<br>on page 3 of this packet. |
|  |   |   |  |

| PART D — INTANGIBLE PERSONAL PROPER<br>TYPE OF INTANGIBLE  | RTY [Stocks, bonds, certificates of deposit, etc.]<br>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES   |  |  |  |
|--|---|--|--|--|
| METLIFE  | 4014457   |  |  |  |
| TIAN   | MUTUR FUNRI   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| PART E — LIABILITIES [Major debts]<br>NAME OF CREDITOR   | ADDRESS OF CREDITOR   |  |  |  |
| CITI MORTO DOC   | GATHERSRURG, MD   |  |  |  |
| TR RAME  | FT MyERS, FL  |  |  |  |
| INDY MAR   |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| PART F   | ESSES [Ownership or positions in certain types of businesses]   |  |  |  |
|  | ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3  |  |  |  |
| NAME OF<br>BUSINESS ENTITY   |   |  |  |  |
| ADDRESS OF<br>BUSINESS ENTITY  |   |  |  |  |
| PRINCIPAL BUSINESS   |   |  |  |  |
| POSITION HELD<br>WITH ENTITY   |   |  |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   |   |  |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   |   |  |  |  |
|  |   |  |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE                     |   |  |  |  |
| SIGNATURE:   | DATE SIGNED: 6-23-08  |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| FILING INSTRUCTIONS:   |   |  |  |  |
|  |   |  |  |  |
| WHAT TO FILE:  | WHERE TO FILE: NOTE:  |  |  |  |
| After completing all parts of this form on pages 1 and 2, including signing and dating it,           | Local officers: file with the Supervisor of<br>Elections of the county in which you perma-<br>during the first half of 2008, you may not  |  |  |  |
| send back only pages 1 and 2 for filing (you   | nently reside. (If you do not permanently reside have filed Form 1 for 2007. In that case,  |  |  |  |
| need not return any of the instruction pages).<br>Facsimiles will not be accepted.                   | in Florida, file with the Supervisor of the county<br>where your agency has its headquarters.) this is not the last form you will file, even<br>though the Form 1F covers the final portion |  |  |  |
| WHEN TO FILE:  | State officers or specified state employ-<br>ees: file with the Commission on Ethics, P.O.  |  |  |  |
| At the end of office or employment each  | Drawer 15709, Tallahassee, FL 32317-5709; July 1 of 2008.   |  |  |  |
| local officer, state officer, and specified state<br>employee is required to file a final disclosure | physical address: 3600 Maclay Boulevard,<br>South, Suite 201, Tallahassee, FL 32312.  |  |  |  |
| form (Form 1F) within 60 days of leaving office or employment, unless he or she takes                | To determine what category your position<br>falls under, see the "Who Must File" Instructions   |  |  |  |
| another position within the 60-day period that<br>requires filing financial disclosure on Form 1 or  | on page 3.  |  |  |  |
| Form 6.  |   |  |  |  |