FORM 1 STATEMENT OF			2008			
Please print or type your name, mailing address, agency name, and position be	FINANCIAL	INTERESTS				
LAST NAME FIRST NAME MIDE	Sharadhi	FOR OFFIC USE ONLY				
FUES NYERS	<u>He #1103</u> <u>F1 33901 Lee</u> ZIP: COUNTY:		ID Code			
NAME OF AGENCY: MEMDEV	ters Rubic Atla	mm. Hope	ID Code 2010 ID No. 2011 Conf. Code 2011 P. Rug. Code 2011			
NAME OF OFFICE OR POSITION HELD OR SOUGHT :						
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDATE OR CHECKONLY IF CANDIDA						
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 INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
ILUESTMENT INTOME -	Roymondomes 792	Summerndake Rost Myes 33907 J	Invorgent Firm			
SALARY ART FOST FOO		SI Fut Myers 33901	1 Fine Art Festval.			
RENTAL JUROME	See Property L	of Below				
NAME OF BUSINESS ENTITY	OF INCOME (Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to bus ADDRESS OF SOURCE	sinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
None	· · · · · · · · · · · · · · · · · · ·					
		<u> </u>				
PART C - REAL PROPERTY [Land, buildings owned by the reporting person] 1997 Levanon Rd Fort Myes 33967			FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.			
6430 Adelphicr.			NSTRUCTIONS on who must file			
Clos Duquesne	Fort Myors 33967	ti	his form and how to fill it out begin on page 3.			
17217 Oride	Fut Myes 33967	·	OTHER FORMS you may need to			
17307 Mpadaeliche	Fut Myes 33967		lle are described on page 6.			

CE FORM 1 - Eff. 1/2009

PART D — INTANGIBLE PERSO TYPE OF INTANG		ocks, bonds, certific			
Investment Accounts		Persin	al Acar Accar		
INCUDING JEAS					
as Raymo					
Surver Un For	+ Myes			······	
			. <u> </u>	······································	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
HSBC -		R			
	<u></u>				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	BUSINESS EI	NTITY # 1	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%			<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):					
FILING INSTRUCTIONS:					
WHAT TO FILE: W After completing all parts of this form, including If signing and dating it, send back only the first or		WHERE TO FIL If you were mailed on Ethics or a Cour		WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> of the date of his or her	

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.

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.

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.