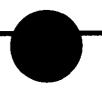
FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2009

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

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|--|--|----------------------|---|--|--|--|
| LAST NAME — FIRST NAME — MIDDLE NAME | | NAME OF REPORTING PE | | | | |
| McLormick Elizabe | eth know | City of | OLLOWING (see "Who Must File" on page 3): | | | |
| MAILING ADDRESS: 1304 Wals Driv | int | | | | | |
| Ft. Myers 33901 | lue | SPECIFIED S | LIST OFFICE OR POSITION HELD: Chy of Ft. Myers | | | |
| CITY: ZIP: | COUNTY: | Planning Bo | oard B | | | |
| ***BOTH PARTS OF THIS SECTION MUST BE COMPLETED*** DISCLOSURE PERIOD: | | | | | | |
| THIS STATEMENT REFLECTS MY FINANCIAL | THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2009 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS | | | | | |
| 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 further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): | | | | | | |
| COMPARATIVE (PERCENTAGE | | _``\ | : Q LLAR VALUE THRESHOLDS T | | | |
| DOMARY SOURCES OF INCC | | | | | | |
| PART A PRIMARY SOURCES OF INCO | SOURC | CE'S | DESCRIPTION OF THE SOURCE'S | | | |
| OF INCOME N/A | ADDRE | ESS | PRINCIPAL BUSINESS ACTIVITY | | | |
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| | | | | | | |
| PART B SECONDARY SOURCES OF IN | | | | | | |
| NAME OF NAME | E OF MAJOR SOURCES F BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| 11/4 | BOOMALOO II.10 | <u> </u> | AUTTO, S. SSELL | | | |
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| PART C REAL PROPERTY [Land, buildings owned by the reporting person] | | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. | | | |
| 14 17 | | | 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 PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | |
|---|--------------|---------------------------|---------------------|--|--|
| NIA | | | | | |
| | | | <u> </u> | | |
| | | | | | |
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| | | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR ADDRESS OF CREDITOR | | | | | |
| NA | | | | | |
| | | | <u> </u> | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | | |
| NAME OF | S ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | | |
| BUSINESS ENTITY ADDRESS OF | | | | | |
| BUSINESS ENTITY PRINCIPAL BUSINESS | | | | | |
| ACTIVITY POSITION HELD | | | | | |
| WITH ENTITY 1 OWN MORE THAN A 5% INTEREST IN THE BLISINESS | 7. | | | | |
| INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST | | | | | |
| | | | | | |
| IF ANY OF PARTS A THROUGH F | ARE CONTINUE | D ON A SEPARATE SHEET, PL | EASE CHECK HERE | | |
| SIGNATURE: { } { M. CWM, W. DATE SIGNED: . | | | | | |
| FILING INSTRUCTIONS: | | | | | |
| FIEING INSTRUCTIONS. | | | | | |
| WHAT TO FILE: After completing all parts of this form on **Local officers: file with the Supervisor of the Supervisor | | | | | |

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

Local officers: file with the Supervisor of 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 "Who Must File" Instructions on page 3.

If you are leaving office or employment during the first half of 2009, you may not have filed Form 1 for 2008. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2008 by July 1 of 2009.