FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2008

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

| (IO BE FILED WITHIN | 100 DAIS OF LEAV | ING PUBLIC OFFIC | E OR EMPLOYMENT) | | | | |
|--|---|---|--|--|--|--|--|
| LAST NAME — FIRST NAME — MIDDLE NAM | IE: | NAME OF REPORTING PERSON'S AGENCY: | | | | | |
| | TRICIA A. | Lee COUNTY ADMINISTRATIONS | | | | | |
| MAILING ADDRESS: ' | ! | | | | | | |
| POBOX 191 | | CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): | | | | | |
| | | SPECIFIED STATE EMPLOYEE | | | | | |
| Lehigh Acres FL | 70 COUNTY: Lee | LIST OFFICE OR POSITION HELD: FISCAL OFFICER | | | | | |
| Longy /Tous Fu | | | 6 | | | | |
| ***BOTH PARTS OF THIS SECTION MUST BE COMPLETED*** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2008 AND THE VAS DATE I HELD THE PUBLIC | | | | | | | |
| OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 12-31-2008 (Date thur be prior to 12/31/08) | | | | | | | |
| MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT A KE A ISON ITE DO LONG VALUES, WINCE REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON FERCEN AGENVALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): | | | | | | | |
| COMPARATIVE (PERCENTAGE | | · · · · · · · · · · · · · · · · · · · | LAR VALUE THRESHOLDS | | | | |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] | | | | | | | |
| NAME OF SOURCE OF INCOME | SOURC ADDRE | CE'S ESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | |
| Lee COUNTY | PO BOX 398 | S F+Myero FL | . WAGES | | | | |
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| | 2 | | | | | | |
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| | | | | | | | |
| | NCOME [Major customers, cli E OF MAJOR SOURCES F BUSINESS' INCOME | ients, and other sources of inco ADDRESS OF SOURCE | ome to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | | |
| N/A | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person] Parsonal home (Primary Residence) | | | 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 of this packet. | | | | |
| | | • | OTHER FORMS you may need to | | | | |
| | | | file are described on page 6. | | | | |

| PART D — INTANGIBLE PE | | PERTY [Stocks, bonds | | HICH THE PROPERTY RELATES | | |
|--|------------------|---------------------------------------|--|--|-----------------------|--|
| NA | | | | THE THE EAST THE EAST CO | | |
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| | | | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | | | ADDRESS OF CREDITOR | | | |
| NA | | | C. U | | | |
| | | | | | <u> </u> | |
| | | | V- 2 - V-000 - | | - 18 | |
| | | | | |)#10203 SDE Lee Ch F1 | |
| | | | | | | |
| PART F — INTERESTS IN S | PECIFIED BUS | NESSES (Ownershi | n or positions in certain types of | husinesseel | | |
| | | S ENTITY # 1 | BUSINESS ENTITY # | • | ITY#3 | |
| NAME OF BUSINESS ENTITY | NA | | NA | NA | • | |
| 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 | | | | | • | |
| | | | 1 | | | |
| IF ANY OF PARTS | A THROUGH F | ARE CONTINUE | D ON A SEPARATE SHE | ET, PLEASE CHECK HERE | | |
| SIGNATURE: | | 15111/ |) DATE S | IIGNED: | | |
| <u>Ma</u> | tucia | a Mel | salye | iigned: //29/2 | 1007 | |
| | | | O . | | | |
| | 1 | FILING INS | STRUCTIONS: | | | |
| | • | I I I I I I I I I I I I I I I I I I I | JINOCIIONO. | | | |
| | | | | | | |
| WHAT TO FILE: After completing all parts of | of this form on | WHERE TO FIL | _E: : file with the Supervisor of | NOTE: | | |
| pages 1 and 2, including signin | g and dating it, | Elections of the ca | ounty in which you perma- | If you are leaving office or during the first half of 2008, y | ou may not | |
| need not return any of the instruction pages). In F | | in Florida, file with | ently reside. (If you do not permanently reside have filed Form 1 for 2007. Florida, file with the Supervisor of the county this is not the last form you wanted the filed Form 1 for 2007. | | dil file, even | |
| Facsimiles will not be accepted | 1. | | has its headquarters.) | though the Form 1F covers the of your term of office or emplo | | |
| | | ees: file with the | ees: file with the Commission on Ethics, P.O. | | | |
| At the end of office or emplored local officer, state officer, and s | pecified state | physical address: | ilahassee, FL 32317-5709; 3600 Maclay Boulevard, | | | |
| employee is required to file a final disclosure form (Form 1F) within 60 days of leaving | | | allahassee, FL 32312. | | | |
| office or employment, unless he another position within the 60-da | or she takes | falls under, see the | what category your position "Who Must File" Instructions | | | |
| requires filing financial disclosure | | on page 3. | | | | |

Form 6.