FORM 1	STATEMENT OF					2008	
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL INTERES						
LAST NAME FIRST NAME MIDDI MUDGETT WILL MAILING ADDRESS : 1 308 AUTAMBRA	AM /	4		FOR OFF USE ON		d delivered	
CIPY: ZIP: COUNTY: DM MMBRS 33901 UEE NAME OF AGENCY: UTM OFFOCT MMERS PUSANNING BOARD NAME OF OFFICE OR POSITION HELD OR SOUGHT: MEM BIER You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.					ID No Conf. P. Re	M0217 S	
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE							
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): D DECEMBER 31, 2008 QR 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): Image: Comparative (PERCENTAGE) THRESHOLDS QR 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			RCE'S] DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
PARKER/MUDGETT /S	MUDGETT FAUTTH 2136 MEGREGE		Ear BUD	P., APEHITEOURE			
AREHITE	TEETS, W. FORT MYERS, FL. 3			3901			
······································							
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME			business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
LEE COUNTY	Cour	JTY GOVT	FART MY.	HERS, FL.		Carty Gait	
POPULOUS, INC.	P	ADUITTECTURE KA		SCITY MO.		APLETTELTURE	
EDISON FOID WINTERE	STATE	s tourism	FORTM	1415hs	杞.	HISTORICAL SITE	
HERATE OFFICE BUIL	PART C - REAL PROPERTY [Land, buildings owned by the reporting person] HUMANE OFFICE BUILDING - TEN PERCENT INTEREST IN 2136 MECHEVODE BLU FORT M				FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
						ER FORMS you may need to a described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [TYPE OF INTANGIBLE		CH THE PROPERTY RELATES					
STOCK	PARKER/MULTIGET SMITH ARCHITECTS						
STOCK	PLOUDA GULF BANK						
ANWINTY	WACHOVIA BANK						
PROFIT STARING	PAPKEN/MUDGET/SMITH ARCHITECTS						
POHOL	CALLERACIA						
<u> </u>							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR						
WEUS FARED MORTEAGE	DES MOINES LOUA						
BANK OF AMERICA	MUMINGTON DELANAGE						
FIDRIDA BULF BANK	FORT MERS From DA						
PART F INTERESTS IN SPECIFIED BUSINESSES	G [Ownership or positions in certain types of businesses]					
BUSINESS	ENTITY # 1 BUSINESS ENTITY # 2	BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5%							
NATURE OF MY OWNERSHIP INTEREST							
	ARE CONTINUED ON A SEPARATE SHE						
SIGNATURE (required): DATE SIGNED (required): 7/8/09							
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. 	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 perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)	 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 publicly-elected local office 					
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a	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	must file at the same time they file their qualifying papers. Thereafter , local officers/employees, state officers, and specified state employees are					

201, Tallahassee, FL 32312.

qualifying papers.

on page 3.

Candidates file this form together with their

To determine what category your position falls under, see the "Who Must File" Instructions

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.

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.