FORM 1 I	FINAL STA	ΓΕΜΕΝΤ ΟΓ	2008	
	FINANCIAL		7030HN23M121750E Lee CoF1	
(TO BE FILED WITHIN	N 60 DAYS OF LEAV	ING PUBLIC OFFI	CE OR EMPLOYMENT)	
LAST NAME - FIRST NAME - MIDDLE NAM MURPHY, GERALD ED MAILING ADDRESS: 8420 CHARTER CLUP FORT MYERS, FL 33 CITY: ZIP:	DWARD CIRCLE	NAME OF REPORTING PERSON'S AGENCY: TOWN OF FORT MYERG BEACH, FL CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: DRECTOR, DEPORTMENT OF COMMUNITY DEPORTMENT; LEE CO. D.A.C.		
DISCLOSURE PERIOD:	DVE, WHICH DATE WAS BLE INTERESTS: TION OF USING REPORTING ARATIVE THRESHOLDS, WHI THER THIS STATEMENT REI	OD BETWEEN JANUARY 1, 2 PERMER 12, 2 THRESHOLDS THAT ARE AB CH ARE USUALLY BASED C	008 AND THE LAST DATE I HELD THE PUBLIC 008. 208. (Dife must be prior to 12/31/08) SOLUTE DOLLAR VILUENWITCH REQUIRES DEPRCENTAGE VALUES (see instructions for	
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME TOWN OF FORT MYERS BEACH	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY LOCAL GOVERNMENT	
	INCOME [Major customers, c ME OF MAJOR SOURCES F BUSINESS' INCOME	lients, and other sources of in ADDRESS OF SOURCE	come to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, build	ings owned by the reporting pe	erson]	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	

PART D - INTANGIBLE PER TYPE OF INTANG				ICH THE PROPERTY RELATES				
N/A								
					Rd			
				, , , , , , , , , , , , , , , , , , ,	SUANSEMO402			
					- 5PH			
					40			
					X 8			
PART E - LIABILITIES [Major debts]		ADDRESS OF CREDITOR						
NAME OF CREDITOR SUNCOAST SCHOOLS FEDERAL C.U.		PARA			<u> </u>			
				A. FL 33680-1904				
U.S. VEPI. OF EU	DUCATION	P.O. DUA	5202, GREEN	NVILLE, TX 75403-520;	2			
		_		·······				
PART F — INTERESTS IN SF		• • •		•				
NAME OF	BUSINESS EN	<u> </u>	BUSINESS ENTITY # 2	2 BUSINESS ENTITY # 3				
BUSINESS ENTITY	N/A	<u>. </u>	<u> </u>	N/H				
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								
IF ANY OF PARTS A	THROUGH F ARI	E CONTINUED O	N A SEPARATE SHE	ET, PLEASE CHECK HERE				
SIGNATURE:	1		DATE S					
Atmu	yphy			11/10/08				
FILING INSTRUCTIONS:								
		HERE TO FILE:						
		Local officers: file with the Supervisor of If you are leaving office or employmetions of the county in which you perma-		y not				
		ntly reside. (If you do not permanently reside Florida, file with the Supervisor of the county this is not the last form you will file, even						
Facsimiles will not be accepted		though the Form 1F covers the fin		though the Form 1F covers the final po of your term of office or employment.	ortion			
WHEN TO FILE:	ee		mecified state employ- mission on Ethics, P.O.	will be required to file Form 1 for 200				

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.

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.

July 1 of 2008.