FORM 1	STATEM	ENT OF		2008			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S				
LAST NAME FIRST NAME MIDDLE N  Dennem  MAILINE ADDRESS:	Nancy A		OFFICE ONLY:	<b>3</b>			
3368 Mon	tara Du		ID C	dode Sode			
লাস:	ZIP: COUNTY,		į	20MEG			
NAME OF AGENCY:	Lee	IDN	16. 1590E				
NAME OF OFFICE OR POSITION HELD	istick		70911120069410945 SOE Lee Co				
You are not limited to the space on the lines	if necessary.						
CHECK ONLY IF CANDIDATE OF	_/						
**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:  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 INCO NAME OF SOURCE OF INCOME	SOU	e reporting person] RCE'S RESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY			
Bethany Beach Ba	· / / / / / / / / / / / / / / / / / / /	ham Bead DE	DE Owner bookstre				
	4 7 7						
· · · · · · · · · · · · · · · · · · ·							
PART B — SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]							
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	> <i>i</i>	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Sea Crest Assistes		Bethony Be	adDE	retail building			
			_				
PART C REAL PROPERTY [Land, buildings owned by the reporting person]  FILING INSTRUCTIONS for wand where to file this form are located at the bottom of page 2.							
40154 Sugar Hill 99 Gert: eld Park	eah DE	this foon pa	RUCTIONS on who must file orm and how to fill it out begin ge 3.  ER FORMS you may need to be 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						
7 1 1	counts	st	chs-			
	uča	$CD_{\epsilon}$	5			
Chas Schwach IRA - mutual Frend						
			***************************************			
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR		ADDRESS OF CREDITOR				
Bank of Ame	ica_		AND THE REAL PROPERTY OF THE P			
home mo	toud.					
<u>-</u>	97					
	-					
PART F INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENT	TY#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% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):  DATE SIGNED (required):  3-4-09						
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 filling.

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.

# 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 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.

## 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 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.