FORM 1		STATEMENT OF			2008	
Please print or type your name, malling address, agency name, and position belo	ż w:	FINANCIAL	INTERESTS	3.		
PIGOTT TAMAN MAILING ADDRESS:	4.5	WELLS	FOR OUSE OI			
1718 5 0						
CITY: FORT MYERS, FL 33919 LEE NAME OF AGENCY: D LEE CO. EMPLOYEE - DEPUTY DIRECTOR Conf. Code NAME OF OFFICE OR POSITION HELD OR SOUGHT: You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.					No. 231 SDE	
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): DECEMBER 31, 2008 OR 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): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
					ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
LEE COUNTY B.D.C.C.		POBOX 398, FORT MUER [33902			COUNTY GOVERNMENT	
BANK OF AMERICA		PO Box 21903B, Kusus Cry, MO 64121			BANKING	
· · · · · · · · · · · · · · · · · · ·						
PART B SECONDARY SOURCES O NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	busine	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, b	Duildings	owned by the reporting persor)] 	and	ING INSTRUCTIONS for when where to file this form are locat- t the bottom of page 2.	
				this on p	TRUCTIONS on who must file form and how to fill it out begin age 3. IER FORMS you may need to	
					re described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto TYPE OF INTANGIBLE	tocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
457 DEFERRED COMPENSATION	J ICMA RETIREMENT CORP					
BANK ACCTS/SMINGS/CDS	BANK OF AMERICA					
Savings/CDs	SUNCOAST SCHOOLS FEDERAL CREDIT UNION					
MUTUAL FUNDS/IRAS MONEYAKT AMERIPRISE FINANCIAL						
PART E LIABILITIES [Major debts]						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
BUSINESS EN	NTITY # 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): 104/28/09						

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.

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.

LING INSTRUCTIONS:

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.