FORM 1 F	FINAL STAT	FEMENT OF	01AH0843 SOE Lee Co F1 200
	FINANCIAL		
(TO BE FILED W	ITHIN 60 DAYS OF LEAV	ING PUBLIC OFFICE	E OR EMPLOYMENT)
LASTNAME - FIRST NAME - MIDI Keed Debxe MAILING ADDRESS: 1964 Tam N Fort Myers CITY: JZIP: 7	a Sure		OWING (see "Who Must File" on page 3): R STATE OFFICER
OFFICE OR EMPLOYMENT DESCRI MANNER OF CALCULATING RE THE LEGISLATURE ALLOWS FILERS FEWER CALCULATIONS, OR USING further details). PLEASE STATE BEL	BED ABOVE, WHICH DATE WAS	DD BETWEEN JANUARY 1, 200 4 10 THRESHOLDS THALAR TABS CH ARE USUALLY BAS D ON FLECTS EITHER (THECK ONE	DEAND THE LIGT DATE I HELD THE PUE , 2019. Date must be prior to 12/31
PART A PRIMARY SOURCES NAME OF SOURCE OF INCOME REFITED A	OF INCOME [Major sources of income SOUR(ADDRI a)]]]]]]]]	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY THE MUSSINE FR
PART B SECONDARY SOURC NAME OF BUSINESS ENTITY	ES OF INCOME [Major customers, cl NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ients, and other sources of inco ADDRESS OF SOURCE	me to businesses owned by reporting pers PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY IL:	and, buildings owned by the reporting pe	erson]	FILING INSTRUCTIONS for
Home - adds		-	when and where to file this form a located at the bottom of page 2. INSTRUCTIONS on who must f this form and how to fill it out beg on page 3 of this packet. OTHER FORMS you may need file are described on page 6.

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PART D — INTANGIBLE PERSONAL PROP TYPE OF INTANGIBLE	ERTY [Stocks, bond	ds, certificates of deposit, etc.} BUSINESS ENTITY TO WH	HICH THE PROPERTY RELATES		
(N'S	\leq	Support Prof + 11.			
	<i>en</i> ⁄	viccourse ver	the Upion		
			ana		
			······································		
PART E LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
NONE					
			A Hilds		
······································					
PART F — INTERESTS IN SPECIFIED BUSI	NESSES IOwners	hin or positions in certain types of	husipoggool		
	SENTITY # 1	BUSINESS ENTITY #	-		
NAME OF	A		Z BOSINESS ENTITY # 5		
ADDRESS OF					
PRINCIPAL BUSINESS					
ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5%					
NATURE OF MY					
IF ANY OF PARTS A THROUGH F	ARE CONTINU	ED ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE: Albues. Red DATE SIGNED: 4/28/2009					
		STRUCTIONS:			
		ISTRUCTIONS:			
WHAT TO FILE:	WHERE TO F	ILE:	NOTE:		
After completing all parts of this form on pages 1 and 2, including signing and dating it,		rs: file with the Supervisor of county in which you perma-	If you are leaving office or employment		
send back only pages 1 and 2 for filing (you	nently reside. (If y	you do not permanently reside	during the first half of 2009, you may not have filed Form 1 for 2008. In that case,		
need not return any of the instruction pages). Facsimiles will not be accepted.		Florida, file with the Supervisor of the county here your agency has its headquarters.) though the Form 1F co			
. assumes with not be assayted.		s or specified state employ-	though the Form 1F covers the final portion of your term of office or employment. You		
WHEN TO FILE:	ees: file with the	Commission on Ethics, P.O.	will be required to file Form 1 for 2008 by July 1 of 2009.		
At the end of office or employment each local officer, state officer, and specified state		awer 15709, Tallahassee, FL 32317-5709; Jul y 1 of 2009. ysical address: 3600 Maclay Boulevard,			
employee is required to file a final disclosure		Tallahassee, FL 32312.			

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

on page 3.

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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.

employee is required to file a final disclosure form (Form 1F) within 60 days of leaving

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