FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS



(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(10 DE LIEEE WILLIAM			e
LAST NAME FIRST NAME MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:	
RIPOLL JOHN FRANCIO		RENAISSANCE C. U.D.	
MAILING ADDRESS: 5478 HARBOUR CASTLE DR		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):	
5478 HARBOUR CASTLE DR		☑ LOCAL OFFICER ☐ STATE OFFICER	
		SPECIFIED STATE E	MPLOYEE
CITY: ZIP: COUNTY:		LIST OFFICE OR POSITION HELD:	
FT. MYERO 33907	LEE	BOARD SUPEKU	(SOR)
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL OFFICE OR EMPLOYMENT DESCRIBED ABO  MANNER OF CALCULATING REPORTAL THE LEGISLATURE ALLOWS FILERS THE OPT FEWER CALCULATIONS, OR USING COMPA further details). PLEASE STATE BELOW WHE  COMPARATIVE (PERCENTAGE  PART A PRIMARY SOURCES OF INCOME  OF INCOME  SIXTAL SECURITY  FL. UNBARROY MENT	INTERESTS FOR THE PERIOD INTERESTS FOR THE PERIOD INTERESTS: TION OF USING REPORTING RATIVE THRESHOLDS, WHITTHER THIS STATEMENT REPORTING THRESHOLDS  OME [Major sources of income Sources]  ADDR.  S.S. AUMIN	THRESHOLDS THAT ARE ABSOLUT CH ARE USUALLY BASED ON PER FLECTS EITHER (check one):  OR  DOLLAR V  e to the reporting person) CE'S ESS  CT MYERS	DITHE LAST DATE HELD THE BUBLIC 2000 (Date mustile prior to 1/31/09)
	NCOME [Major customers, c IE OF MAJOR SOURCES F BUSINESS' INCOME	lients, and other sources of income to ADDRESS OF SOURCE	pusinesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			LING INSTRUCTIONS for en and where to file this form are lated at the bottom of page 2.  STRUCTIONS on who must file is form and how to fill it out begin page 3 of this packet.
	·	O' file	THER FORMS you may need to are described on page 6.

PART D — INTANGIBLE PERSONAL PROF	PERTY [Stocks, bonds, certific	ates of deposit, etc.) SINESS ENTITY TO WHI	CH THE PROPERTY RELATES		
CD	BANK OF AMERICA				
Horse	BRUDENTIAL				
<del></del>					
PART E LIABILITIES [Major debts]		ADDRESS	OF CREDITOR		
NAME OF CREDITOR		ADDRESS OF CREDITOR			
NONE					
	<del></del>				
PART F — INTERESTS IN SPECIFIED BUS	•	•			
NAME OF	SS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY					
BUSINESS ENTITY 100			<del></del>		
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 SHE	ET, PLEASE CHECK HERE		
SIGNATURE: John 1. Rysée DATE SIGNED:					
John J. Oxysee 05-25-09					
	FILING INSTR	RUCTIONS:			
WHAT TO FILE:	WHERE TO FILE:		NOTE:		
After completing all parts of this form on pages 1 and 2, including signing and dating it,	Local officers: file with the Supervisor of Elections of the county in which you perma-		If you are leaving office or employment during the first half of 2009, you may not		
send back only pages 1 and 2 for filing (you	nently reside. (If you do not permanently re in Florida, file with the Supervisor of the co		have filed Form 1 for 2008. In that case,		
need not return any of the instruction pages). in Florida, file with Facsimiles will not be accepted. where your agency			this is not the last form you will file, even though the Form 1F covers the final portion		
WHEN TO FILE:		ecified state employ-	of your term of office or employment. You will be required to file Form 1 for 2008 by		
At the end of office or employment each	Drawer 15709, Tallahas	Prawer 15709, Tallahassee, FL 32317-5709; July 1 of 2009.			
tocal officer, state officer, and specified state employee is required to file a final disclosure	physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.				
form (Form 1F) within 60 days of leaving office or employment, unless he or she takes	To determine what category your position				
another position within the 60-day period that requires filing financial disclosure on Form 1 or	falls under, see the "Who on page 3.	falls under, see the "Who Must File" Instructions on page 3,			

Form 6.