FORM 1	STATEM	ENT OF		2008		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S			
ROUNGIPEE-NETA	. []	FOR C	FFICE NLY:			
MAILING ADDRESS: 2321. ROVNIT	ree-AVENUNE		ı ID C	nda Š		
AIVA71-33910	), Lee					
Charleston-P	Q.S.30C.	IDN	ode 09JUL 029M0901 SDE . Code			
NAME OF AGENCY: Pres		Copt	. Code 201			
NAME OF OFFICE OR POSITION HELD (	OR SOUGHT :		P. R	H F		
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF			ı	Lee Co F1		
**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 (checksone):  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						
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the SOUR		, DES	SCRIPTION OF THE SOURCE'S		
OF INCOME	ADDRESS		PRINCIPAL BUSINESS ACTIVITY			
fict.			1//			
PART B SECONDARY SOURCES OF I  NAME OF  BUSINESS ENTITY	NCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income ADDRESS OF SOURCE	to business	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
$M/\Omega$						
11/71	_					
PART C REAL PROPERTY (Land, buildings owned by the reporting person)			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
			this fo on pa			
				ER FORMS you may need to		

PART D — INTANGIBLE PERSON TYPE OF INTANGIE	IAL PROPERTY (Stocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHICH THE F	PROPERTY RELATES		
1/0		2 /1			
71/4		Y1/H			
		77	99		
			1TOR 150		
PART E — LIABILITIES [Major de	ohtel		00		
NAME OF CREDI		ADDRESS OF CREDITOR			
0/0					
9////					
1//7			71		
		A± va			
PART F INTERESTS IN SPECIE	TED BUSINESSES [Ownership or posit	ions in certain types of businesses			
17311 - MICHESIS III SECO	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF	42 (0				
BUSINESS ENTITY ADDRESS OF	11///				
BUSINESS ENTITY PRINCIPAL BUSINESS	11/71				
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 CONTINUE	ED ON A SEPARATE SHEET, PLE	ASE CHECK HERE		
SIGNATURE (required):	the Pearl found	THE DATE SIGNED (F	equired): 6/29/09		
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 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.

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## 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.

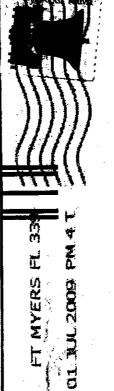
### WHEN TO FILE:

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.



FT MYERS FL 33

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545