(TO BE FILED WITHIN 60 DAYS OF LEAN LAST NAME - FIRST NAME - MIDDLE NAME: Simon Robert HENRY MAILING ADDRESS: 13 SUNVIEW Blud. 71. MYERS BEACH 33931 LEE CITY: ZIP: COUNTY:	NAME OF REPORTING PE LO CAL PLA FT. MYE CHECK ONE OF THE FOL LOCAL OFFIC SPECIFIED S LIST OFFICE OR POSITIO	RSON'S AGENCY: NNING AGENCY <u>RS BEACH</u> LOWING (see "Who Must File" on page 3): CER STATE OFFICER				
Simon Robert HENRY MAILING ADDRESS: 13 SUNVIEW Blud. 7T. MYERS BEACH 33931 LEE	CHECK ONE OF THE FOL LOCAL OFFIC SPECIFIED S LIST OFFICE OR POSITIC	LOWING (see "Who Must File" on page 3): ER STATE OFFICER				
	NAME OF REPORTING PERSON'S AGENCY: LO CAL PLANNING AGENCY FT. MYERS BEACH CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):					
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JALUARY 1 2008 AD THE LAST DATE FHELD THE FUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS April 9,200 MANNER OF CALCULATING REPORTABLE INTERESTS THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLDAR 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): OMPARATIVE (PERCENTAGE) THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]						
NAME OF SOURCE OF INCOME Social Security U.S. Gover	RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
NATIONWIDE LIPEINS COLUMBUS, 1 CHARLES Schwab a G. SAN FRANCIS	<u>ohio</u>	ANNUITIES STOCKS, Bonds, ETC				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]						
NAME OF BUSINESS ENTITY OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, buildings owned by the reporting pr	erson]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.				

PART D — INTANGIBLE PER TYPE OF INTANG		₹TY [Stocks, bonds,	certificates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE PROPER	TY RELATES		
NA	<u> </u>			<u>, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
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PART E LIABILITIES [Majo NAME OF CRED		1	ADDRESS	OF CREDITOR			
NA							
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<i> </i>	<u></u>				<u></u>		
PART F — INTERESTS IN SI				-			
NAME OF	BUSINESS	ENITY #1	BUSINESS ENTITY # :	2	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF		7-1	I IV/M		W / 4		
BUSINESS ENTITY PRINCIPAL BUSINESS				_			
ACTIVITY POSITION HELD	└──── ┟ ─						
WITH ENTITY	<i> </i>		<i> </i>				
I OWN MORE THAN A 5%			L/				
NATURE OF MY OWNERSHIP INTEREST					1		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
	111		DATE S				
Covers	KJ. A			yun	re 2,2008		
			···· ··· ··· ··· ···				
	F	ILING INS	STRUCTIONS:				
WHAT TO FILE:	t this form on	WHERE TO FIL		NOTE:			
After completing all parts of pages 1 and 2, including signing	g and dating it,	Elections of the co	file with the Supervisor of ounty in which you perma-	during the firs	eaving office or employment t half of 2008, you may not		
send back only pages 1 and 2 need not return any of the inst					m 1 for 2007. In that case, last form you will file, even		
Facsimiles will not be accepted	· •	where your agency	has its headquarters.)	though the For	m 1F covers the final portion		
WHEN TO FILE:			State officers or specified state employ- es: file with the Commission on Ethics, P.O.				
At the end of office or employment each Dra		Drawer 15709, Ta	awer 15709, Tallahassee, FL 32317-5709; Invsical address: 3600 Maclay Boulevard,				
employee is required to file a fin	nal disclosure		allahassee, FL 32312.				
form (Form 1F) within 60 day office or employment, unless he	ar aha takaa		what category your position "Who Must File" Instructions				
another position within the 60-da requires filing financial disclosure	ay period that	on page 3.					

Form 6.