FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2008

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

| LAST NAME — FIRST NAME — MIDDLE NAME: | | NAME OF REPORTING PERSON'S AGENCY: | | |
|--|-----------------------------|------------------------------------|--|--|
| Smith Jamie Lee | | Charleston D | by k Neighbohnd Assoc | |
| MAILING ADDRESS: | | _ | LOWING (see "Who Must File" on page 3): | |
| | | LOCAL OFFIC SPECIFIED S | | |
| CITY: ZIP: | COUNTY: | LIST OFFICE OR POSITIO | 1) 1 4. 1 | |
| Alua 33910 | Lee | | | |
| ***BO | TH PARTS OF THIS SEC | TION MUST BE COMPLET | ED*** | |
| DISCLOSURE PERIOD: | | | | |
| THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2008 AND THE MAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS | | | | |
| MANNER OF CALCULATING REPORTAL THE LEGISLATURE ALLOWS FILERS THE OPT | | THRESHOLDS THAT ARE ABS | SOLUTE BOLLAR VALUES, WAICH REQUIRES | |
| THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE BOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERSENTAGE VALUES (see instructions (fir 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 incom | e to the reporting person) | | |
| NAME OF SOURCE SOURC OF INCOME ADDRI | | CE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| Social Sociality SSA | | | Retired | |
| ************************************* | | | | |
| | | | | |
| | | | | |
| | | | | |
| PART B SECONDARY SOURCES OF I | NCOME (Major customers of | lients, and other sources of inc | ome to businesses owned by reporting personal | |
| NAME OF NAM | E OF MAJOR SOURCES | ADDRESS | PRINCIPAL BUSINESS | |
| BUSINESS ENTITY OF | F BUSINESS' INCOME | OF SOURCE | ACTIVITY OF SOURCE | |
| 1 | 1 1 | 7 | | |
| | | 1 | | |
| | | | | |
| | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person] | | | FILING INSTRUCTIONS for when and where to file this form are | |
| 2940 3rd Street Alug 71 33920 | | | located at the bottom of page 2. | |
| my Home | | | INSTRUCTIONS on who must file this form and how to fill it out begin | |
| | | | on page 3 of this packet. | |

| PART D — INTANGIBLE PERSONAL PROPE TYPE OF INTANGIBLE | | ICH THE PROPERTY RELATES | | |
|--|---|--|--|--|
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| | A 1 | | | |
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| | | | | |
| · | | | | |
| PART E — LIABILITIES [Major debts] | | | | |
| NAME OF CREDITOR | ADDRESS | OF CREDITOR | | |
| | | | | |
| A/Ω | 1 1/1 | | | |
| 11/4 | | | | |
| 1011 | | | | |
| 7 | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | |
| | ENTITY # 1 BUSINESS ENTITY # 2 | · | | |
| NAME OF BUSINESS ENTITY | | | | |
| ADDRESS OF BUSINESS ENTITY | . 10 | 1 10 | | |
| PRINCIPAL BUSINESS ACTIVITY | ICIPAL BUSINESS // / / / / / / / / / / / / / / / / / | | | |
| POSITION HELD WITH ENTITY | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | | |
| OVINCION INVENEU | | | | |
| IF ANY OF PARTS A THROUGH F | ARE CONTINUED ON A SEPARATE SHE | ET, PLEASE CHECK HERE | | |
| SIGNATURE: James Lameto DATE SIGNED: | | | | |
| Janes 2 | smell) | 3-25-2008 | | |
| | | | | |
| FILING INSTRUCTIONS: | | | | |
| FILING INSTRUCTIONS. | | | | |
| | | | | |
| 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 2008, you may not | | |
| send back only pages 1 and 2 for filing (you need not return any of the instruction pages). | nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county | have filed Form 1 for 2007. In that case, this is not the last form you will file, even | | |
| Facsimiles will not be accepted. | where your agency has its headquarters.) | though the Form 1F covers the final portion of your term of office or employment. You | | |
| WHEN TO FILE: | State officers or specified state employ- ees: file with the Commission on Ethics, P.O. | will be required to file Form 1 for 2007 by July 1 of 2008. | | |
| At the end of office or employment each local officer, state officer, and specified state | rawer 15709, Tallahassee, FL 32317-5709; July 1 of 2006. Hysical address: 3600 Maclay Boulevard, | | | |
| employee is required to file a final disclosure | South, Suite 201, Tallahassee, FL 32312. | , | | |

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To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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

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.