FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2008

FOR OFFICE USE ONLY: COPY

ID Code

ID No. 15400

Conf. Code

P. Req. Code *****

Judah , Henry Raymond

*******AUTO**MIXED AADC 323 T8 P1 179
Henry Raymond Judah
County Commissioner, District 3
Lee County
Elected Constitutional Officer
12664 Coconut Creek Ct
Fort Myers, FL 33908-3050

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2008, or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of June 29, 2009 was $ 748,225.05.

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is $ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence 01-46-23-28-00000.1180	$355,522.00
Residential Lot No. B4L10 Wild River Phase III Deschutes Cty OR	56,460.00
Ltd. Partnership -Justice Investors, Ltd.	80,000.00
Charles Schwab Brokerage Acct & Money Market Fund	34,900.21
Lee County Deferred Compensation Program	164,286.71

PART C – LIABILITIES

LIABILITIES IN EXCESS OF $1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

COPY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2008 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds $1,000, including secondary sources of income, by completing the remainder of Part D, below.

☑ I elect to file a copy of my 2008 federal income tax return. [If you check this box and attach a copy of your 2008 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true and complete.

JOY PERLMAN
MY COMMISSION # DD 562577
EXPIRES: October 10, 2010
Bonded Thru Notary Public Underwriters

Henry Raymond Judah
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 27th day of June, 2009 by Raymond Judah.

Joy Perlman
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ *OR* Produced Identification _____

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

FORM 6:
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2008
(Continued)

PART B:
ASSETS WORTH MORE THAN $1,000

Description of Asset	Value of Asset
Bank Accounts	
Wachovia Bank	**$1,728.84**
Sun Trust	
Roth IRA	**$5,327.29**

Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee.)

2008 OMB No. 1545-0008

a Employee's SSN [redacted]	1 Wages, tips, other comp. 34500.18	2 Federal income tax withheld 4449.51
b Employer ID number 59-1166437	3 Social security wages 34500.18	4 Social security tax withheld 2139.02
	5 Medicare wages and tips 34500.18	6 Medicare tax withheld 500.24

c Employer's name, address, and ZIP code
Shell Point Retirement Community
15000 Shell Point Blvd.
Suite 100
Fort Myers, FL 33908-1637

d Control number 69 007381

e Employee's name, address, and ZIP code
Kristen Judah
12664 Coconut Creek Court
Ft. Myers, FL 33908

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS 39-1908647
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury--Internal Revenue Service

d Control number 1424	1 Wages, tip, other compensation 79280.27	2 Federal income tax withheld 8328.67
OMB NO. 1545-0008	3 Social security wages 87280.21	4 Social security tax withheld 5411.37
	5 Medicare wages and tips 87280.21	6 Medicare tax withheld 1265.56

c Employer's name, address, and ZIP code
BOARD OF COUNTY COMMISSIONERS
2115 SECOND STREET
FORT MYERS FL 33901

7 Social security tips .00	8 Allocated tips .00	9 Advance EIC payment .00
10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box C 605.44
12b G 7999.94	12c	12d
b Employer identification number (EIN) 59-6000702	a Employee's social security number [redacted]	
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	

e Employee's name, address and ZIP code
HENRY R JUDAH
12664 COCONUT CREEK COURT
FORT MYERS FL 33908

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2008	15 State Employer's state ID No.	16 State wages, tips, etc. .00
Form **W-2** Wage and Tax Statement	17 State income tax .00	18 Local wages, tips, etc. .00
Copy C-For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)	19 Local income tax .00	20 Locality name

Form **1040** **U.S. Individual Income Tax Return** **2008** (99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20 OMB No. 1545-0074

Label (See instructions on page 14.) **Use the IRS label.** Otherwise, please print or type. **Presidential Election Campaign** ▶

LABEL HERE

Your first name and initial	Last name	Your social security number
HENRY R	JUDAH	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
KRISTEN L	JUDAH	[redacted]
Home address (number and street). If you have a P.O. box, see page 14.	Apt. no.	You **must** enter ▲ your SSN(s) above. ▲
12664 COCONUT CREEK CT		
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.		Checking a box below will not change your tax or refund.
FORT MYERS, FL 33908-3050		

Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 14) ▶ ☐ You ☐ Spouse

Filing Status Check only one box.

1 ☐ Single
2 [X] Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [X] **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 17)

If more than four dependents, see page 17.

No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

d Total number of exemptions claimed — Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	113,780.
8a	**Taxable** interest. Attach Schedule B if required		8a	5.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	1,231.
b	Qualified dividends (see page 21)	9b 1,228.		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	3,398.
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a	b Taxable amount	15b
16a	Pensions and annuities	16a	b Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	0.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount (see page 26)	20b
21	Other income. List type and amount (see page 28)		21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	118,414.

Adjusted Gross Income

23	Educator expenses (see page 28)	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction (see page 29)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction (see page 30)	32		
33	Student loan interest deduction (see page 33)	33		
34	Tuition and fees deduction. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	118,414.

810001 11-10-08

LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88.**

Tax and Credits

Standard Deduction for - ● People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent. ● All others: Single or Married filing separately, $5,450 Married filing jointly or Qualifying widow(er), $10,900 Head of household, $8,000

38	Amount from line 37 (adjusted gross income)	38	118,414.
39a	Check if: ☐ You were born before January 2, 1944, ☐ Blind. ☐ Spouse was born before January 2, 1944, ☐ Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b ☐		
c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) ▶ 39c [X]		
40	**Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) STMT 3	40	11,900.
41	Subtract line 40 from line 38	41	106,514.
42	If line 38 is over $119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply $3,500 by the total number of exemptions claimed on line 6d	42	7,000.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	99,514.
44	**Tax.** Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	44	17,100.
45	**Alternative minimum tax.** Attach Form 6251	45	
46	Add lines 44 and 45 ▶	46	17,100.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 42). Attach Form 8901 if required	52	
53	Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 47 through 54. These are your **total credits**	55	
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- ▶	56	17,100.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H	60	
61	Add lines 56 through 60. This is your **total tax** ▶	61	17,100.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	12,779.
63	2008 estimated tax payments and amount applied from 2007 return	63	3,240.
64a	**Earned income credit (EIC)**	64a	
b	Nontaxable combat pay election ▶ 64b		
65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65	
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 61)	67	
68	Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885	68	
69	First-time homebuyer credit. Attach Form 5405	69	
70	Recovery rebate credit (see worksheet on pages 62 and 63)	70	
71	Add lines 62 through 70. These are your **total payments** ▶	71	16,019.

Refund

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you **overpaid**	72	
73a	Amount of line 72 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	73a	
b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number		
74	Amount of line 72 you want **applied to your 2009 estimated tax** ▶	74	

Amount You Owe

75	**Amount you owe.** Subtract line 71 from line 61. For details on how to pay, see page 65 ▶	75	1,081.
76	Estimated tax penalty (see page 65)	76	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 66)? [X] Yes. Complete the following. ☐ No

Designee's name ▶ PREPARER Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		COUNTY COMMISSIONER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN P00045558
Firm's name (or yours if self-employed), address, and ZIP code ▶ GILBERT, WALLACE, STEWART, STRAMEL & SOWERS, PA PO BOX 308, FORT MYERS, FL 33902-0308		EIN 59 2745432	Phone no. 239 334-1363

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

HENRY R & KRISTEN L JUDAH

Your social security number [redacted]

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

	Amount
SUNTRUST SAVINGS	2.
WACHOVIA #2579392-CKG	1.
WACHOVIA #328613-SVGS	2.

1		
2 Add the amounts on line 1	2	5.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	5.

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer ▶

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

	Amount
CHARLES SCHWAB & CO#GS 4866-6302	1,231.

5		
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶	6	1,231.

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
7a At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b If "Yes," enter the name of the foreign country ▶		
8 During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

827501 11-11-08

LHA **For Paperwork Reduction Act Notice, see Form 1040 instructions.**

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074
2008
Attachment Sequence No. 12

Name(s) shown on return: HENRY R & KRISTEN L JUDAH

Your social security number: [redacted]

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1						

2	Enter your short-term totals, if any, from Schedule D-1, line 2	2			
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)	3			
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions			6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)			7	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8	SYMANTEC CORP	12/22/98	03/18/08	4,955.	1,557.	3,398.

9	Enter your long-term totals, if any, from Schedule D-1, line 9	9			
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)	10	4,955.		
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13	Capital gain distributions			13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions			14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on page 2			15	3,398.

LHA **For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.**

Schedule D (Form 1040) 2008

820511 11-08-08

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	3,398.
	If line 16 is: • A **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • **Zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 **both** gains? [X] **Yes.** Go to line 18. [ ] **No.** Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶	19	
20	Are lines 18 and 19 **both** zero or blank? [X] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below. [ ] **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: • The loss on line 16 or • ($3,000), or if married filing separately, ($1,500) **Note.** When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? [ ] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). [ ] **No.** Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. Do not enter name and social security number if shown on page 1. Your social security number

HENRY R & KRISTEN L JUDAH [redacted]

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No

If you answered "Yes," see page E-7 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	JUSTICE INVESTORS	P		94-6213901	
B					
C					
D					

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	0.				
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	GRETA E. JUDAH TRUST FBO RAY JUDAH	68-6082466
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A	0.			
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	0.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-0184

2008

Attachment Sequence No. 27

Name(s) shown on return: HENRY R & KRISTEN L JUDAH

Identifying number: [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
PALJUSTICE INVESTORS						0.

3	Gain, if any, from Form 4684, line 45	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 37 and 44a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **4797** (2008)

818011 12-03-08

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the smaller of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the smaller of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the smaller of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 39. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

2008

Attachment Sequence No. 88

Name(s) shown on return: HENRY R & KRISTEN L JUDAH

Identifying number: [redacted]

Part I 2008 Passive Activity Loss

Caution: *Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.*

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** on page 3 of the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
d	Combine lines 1a, 1b, and 1c		1d	

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c	Add lines 2a and 2b		2c	

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	<583.>	
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	<5,416.>	
d	Combine lines 3a, 3b, and 3c		3d	<5,999.>
4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. **Do not** complete Form 8582. Report the losses on the forms and schedules normally used		4	<5,999.>

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: *If your filing status is married filing separately and you lived with your spouse at any time during the year,* **do not** *complete Part II or Part III. Instead, go to line 15.*

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: *Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.*

5	Enter the **smaller** of the loss on line 1d or the loss on line 4		5	
6	Enter $150,000. If married filing separately, see the instructions	6		
7	Enter modified adjusted gross income, but not less than zero (see the instr.)	7		
	Note: *If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.*			
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 50% (.5). **Do not** enter more than $25,000. If married filing separately, see the instructions		9	
10	Enter the **smaller** of line 5 or line 9		10	

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: *Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.*

11	Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	**Total losses allowed from all passive activities for 2008.** Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return SEE STATEMENT 7	16	0.

LHA 819761 03-04-09 **For Paperwork Reduction Act Notice, see separate instructions.**

Form 8582 (2008)

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶					

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶		<583.>	<5,416.>		

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 5			
Total ▶		5,999.	1.000000000	5,999.

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶				

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶	SEE ATTACHED STATEMENT FOR WORKSHEET 7				
Total ▶	OVERALL	5,999.	1.0000000	5,999.	

ALTERNATIVE MINIMUM TAX

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

2008

Attachment Sequence No. 88

Name(s) shown on return: HENRY R & KRISTEN L JUDAH

Identifying number: [redacted]

Part I 2008 Passive Activity Loss

Caution: *Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.*

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** on page 3 of the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
d	Combine lines 1a, 1b, and 1c		1d	

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c	Add lines 2a and 2b		2c	

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	<510.>	
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	<4,932.>	
d	Combine lines 3a, 3b, and 3c		3d	<5,442.>

4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. **Do not** complete Form 8582. Report the losses on the forms and schedules normally used	4	<5,442.>

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: *If your filing status is married filing separately and you lived with your spouse at any time during the year,* **do not** *complete Part II or Part III. Instead, go to line 15.*

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: *Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.*

5	Enter the **smaller** of the loss on line 1d or the loss on line 4		5	
6	Enter $150,000. If married filing separately, see the instructions	6		
7	Enter modified adjusted gross income, but not less than zero (see the instr.)	7		
	Note: *If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.*			
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 50% (.5). **Do not** enter more than $25,000. If married filing separately, see the instructions		9	
10	Enter the **smaller** of line 5 or line 9		10	

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: *Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.*

11	Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	**Total losses allowed from all passive activities for 2008.** Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return SEE STATEMENT 11	16	0.

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶					

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶		<510.>	<4,932.>		

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 5			
Total ▶		5,442.	1.000000000	5,442.

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶				

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶	SEE ATTACHED STATEMENT FOR WORKSHEET 7				
Total ▶	OVERALL	5,442.	1.0000000	5,442.	

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S -	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	LEE COUNTY BD OF COMMISSIONERS	79,280.	8,329.			5,411.	1,266.
S	SHELL POINT RETIREMENT COMM	34,500.	4,450.			2,139.	500.
	TOTALS	113,780.	12,779.			7,550.	1,766.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
CHARLES SCHWAB & CO#GS 4866-6302	1,231.	1,228.
TOTAL INCLUDED IN FORM 1040, LINE 9B		1,228.

FORM 1040 STANDARD DEDUCTION WORKSHEET STATEMENT 3

1.	ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. SINGLE OR MARRIED FILING SEPARATELY - $5,450 MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER) - $10,900 . . . . . . HEAD OF HOUSEHOLD - $8,000	10,900.	
2.	CAN YOU (OR YOUR SPOUSE IF FILING JOINTLY) BE CLAIMED AS A DEPENDENT? [X] NO. SKIP LINE 3; ENTER THE AMOUNT FROM LINE 1 ON LINE 4 [ ] YES. GO TO LINE 3.		
3.	IS YOUR EARNED INCOME* MORE THAN $600? [ ] YES. ADD $300 TO YOUR EARNED INCOME. ENTER THE TOTAL . . . . . . [ ] NO. ENTER $900		
4.	ENTER THE SMALLER OF LINE 1 OR LINE 3		10,900.
5.	IF BORN BEFORE JANUARY 2, 1944, OR BLIND, MULTIPLY THE NUMBER ON FORM 1040, LINE 39A BY $1,050 ($1,350 IF SINGLE OR HEAD OF HOUSEHOLD). OTHERWISE, ENTER -0-		
6.	ENTER ANY NET DISASTER LOSS FROM FORM 4684, LINE 18A. IF MORE THAN ZERO, CHECK THE BOX ON FORM 1040, LINE 39C		
7.	ENTER THE STATE AND LOCAL REAL ESTATE TAXES YOU PAID THAT WOULD BE DEDUCTIBLE ON SCHEDULE A, LINE 6, IF YOU WERE ITEMIZING YOUR DEDUCTIONS. SEE THE INSTRUCTIONS FOR SCHEDULE A, LINE 6. DO NOT INCLUDE FOREIGN REAL ESTATE TAXES	4,594.	
8.	ENTER $500 ($1,000 IF MARRIED FILING JOINTLY).	1,000.	
9.	ENTER THE SMALLER OF LINE 7 OR LINE 8. IF MORE THAN ZERO, CHECK THE BOX ON FORM 1040, LINE 39C		1,000.
10.	ADD LINES 4, 5, 6 AND 9. ENTER THE TOTAL HERE AND ON FORM 1040, LINE 40		11,900.

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 4

	CURRENT YEAR		PRIOR YEAR UNALLOWED	OVERALL GAIN OR LOSS	
NAME OF ACTIVITY	NET INCOME	NET LOSS	LOSS	GAIN	LOSS
JUSTICE INVESTORS	0.	<583.>	<5,416.>		<5,999.>
TOTALS	0.	<583.>	<5,416.>		<5,999.>

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 5

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
JUSTICE INVESTORS	SCH E	5,999.	1.000000000	5,999.
TOTALS		5,999.	1.000000000	5,999.

FORM 8582 ACTIVITIES WITH LOSSES REPORTED ON 2 OR MORE DIFFERENT FORMS OR SCHEDULES - WORKSHEET 7 STATEMENT 6

GROUP NO.	NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1	JUSTICE INVESTORS	166.		166.	.027671279	166.	
1	JUSTICE INVESTORS	5,833.		5,833.	.972328721	5,833.	
				5,999.	1.000000000	5,999.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 7

RREA	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	JUSTICE INVESTORS	FORM 4797	<103.>	<63.>	<166.>	166.	
	JUSTICE INVESTORS	SCH E	<480.>	<5,353.>	<5,833.>	5,833.	
TOTALS			<583.>	<5,416.>	<5,999.>	5,999.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 8
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
JUSTICE INVESTORS	0.	<510.>	<4,932.>		<5,442.>
TOTALS	0.	<510.>	<4,932.>		<5,442.>

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 9
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
JUSTICE INVESTORS	SCH E	5,442.	1.000000000	5,442.
TOTALS		5,442.	1.000000000	5,442.

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 10
ACTIVITIES WITH LOSSES REPORTED ON 2 OR MORE DIFFERENT FORMS OR SCHEDULES - WORKSHEET 7

GROUP NO.	NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1	JUSTICE INVESTORS	166.		166.	.030503491	166.	
1	JUSTICE INVESTORS	5,276.		5,276.	.969496509	5,276.	
				5,442.	1.000000000	5,442.	

FORM 8582AMT SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 11

R R E A - NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	FORM 4797	<103.>	<63.>	<166.>	166.	
JUSTICE INVESTORS	SCH E	<407.>	<4,869.>	<5,276.>	5,276.	
TOTALS		<510.>	<4,932.>	<5,442.>	5,442.	
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL TO FORM 8582AMT, LINE 16						

For Privacy Notice, get form FTB 1131.

839041 12-12-08

California Nonresident or Part-Year Resident Income Tax Return 2008

Long Form

FORM **540NR** C1 Side 1

APE

[redacted] JUDA ** [redacted] 08

HENRY R JUDAH
KRISTEN L JUDAH

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

P
AC
A
R
RP

Filing Status

1 [ ] Single
2 [X] Married/RDP filing jointly. (see page 3)
3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 [ ] Head of household (with qualifying person). (see page 3)
5 [ ] Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____.

If your California filing status is different from your federal filing status, check the box here • [ ]

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box (see page 17) • 6 [ ]

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, see page 17 — 7 [2] X $99 = $ 198

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 — 8 [ ] X $99 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 — • 9 [ ] X $99 = $

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** _____ Total dependent exemptions — • 10 [ ] X $309 = $

11 **Exemption amount:** Add line 7 through line 10 — 11 $ 198

Total Taxable Income

12 Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2CG, line 3 — • 12 00

13 Enter federal AGI from Forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 35; or 1040NR-EZ, line 10 — 13 118,414.00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B — • 14 6,053.00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 18) — 15 112,361.00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C — • 16 00

17 Adjusted gross income from all sources. Combine line 15 and line 16 — • 17 112,361.00

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 43; **OR** Your California **standard deduction** (see page 18) — • 18 7,384.00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- — 19 104,977.00

CA Taxable Income

20 Tax. Check the box if from: [ ] Tax Table [X] Tax Rate Sch. [ ] FTB 3800 [ ] FTB 3803 — ⊙ 20 5,154.00

21 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 — • 21 00

22 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 — • 22 0.00

23 CA Tax Rate. Divide line 20 by line 19 — 23 .0000

24 CA Tax Before Exemption Credits. Multiply line 22 by line 23 — 24 0.00

25a CA Exemption Credit Percentage. Divide line 22 by line 19. If more than 1, enter 1.0000 — 25a .0000

25b CA Prorated Exemption Credits. Multiply line 11 by line 25a. If the amount on line 13 is more than $163,187 (see page 19) — 25b 0.00

25c CA Regular Tax Before Credits. Subtract line 25b from line 24. If less than zero, enter -0- — 25c 0.00

26 Tax. (see page 19) Check the box if from: [ ] Schedule G-1 [ ] Form FTB 5870A — ⊙ 26 00

27 Add line 25c and line 26 — • 27 0.00

Special Credits

28 Credit for joint custody head of household (see page 20) — • 28 00

29 Credit for dependent parent (see page 20) — • 29 00

30 Credit for senior head of household (see page 20) — • 30 00

31 Credit percentage and credit amount (see page 21). Credit percentage 31a _____ — • 31 00

32 Enter credit name _____ code no _____ and amount — ▶ 32 00

33 Enter credit name _____ code no _____ and amount — ▶ 33 00

34 To claim more than two credits (see page 21) — • 34 00

35 Nonrefundable renter's credit (see page 57) — • 35 00

36 Add line 31 through line 35. These are your total credits — 36 00

37 Subtract line 36 from line 27. If less than zero, enter -0- — 37 0.00

Your name: HENRY R JUDAH Your SSN or ITIN: [redacted]

839042 12-12-08

Other Taxes

38	Amount from Side 1, line 37	38	0.00
39	Alternative minimum tax. Attach Schedule P (540NR)	• 39	00
40	Mental Health Services Tax (see page 21)	• 40	00
41	Other taxes and credit recapture (see page 21)	• 41	00
42	Add line 38 through line 41. This is your total tax	• 42	0.00

Payments

43	California income tax withheld (see page 22)	• 43	00
44	Nonresident withholding (Form(s) 592-B, 593, or 594) (see page 22)	• 44	00
45	2008 CA estimated tax and other payments (see page 22)	• 45	00
46	Excess SDI. To see if you qualify (see page 22)	• 46	00

Child and Dependent Care Expenses Credit (see page 22). Attach form FTB 3506.

• 47 _____ • 48 _____

• 49 _____ 00 • 50 _____ 00

51	Add line 43, line 44, line 45, line 46, and line 50. These are your total payments	51	0.00

Overpaid Tax/Tax Due

52	Overpaid tax. If line 51 is more than line 42, subtract line 42 from line 51	52	00
53	Amount of line 52 you want applied to your **2009** estimated tax	• 53	00
54	Overpaid tax available this year. Subtract line 53 from line 52	• 54	00
55	Tax due. If line 51 is less than line 42, subtract line 51 from line 42	55	0.00

Contributions

	Code	Amount		Code	Amount
CA Seniors Special Fund (see page 56)	▶ 400	00	CA Peace Officer Memorial Foundation Fund	▶ 408	00
Alzheimer's Disease/Related Disorders Fund	▶ 401	00	CA Military Family Relief Fund	▶ 409	00
CA Fund for Senior Citizens	▶ 402	00	CA Sea Otter Fund	▶ 410	00
Rare and Endangered Species Preservation Program	▶ 403	00	CA Ovarian Cancer Research Fund	▶ 411	00
State Children's Trust Fund for the Prevention of Child Abuse	▶ 404	00	Municipal Shelter Spay-Neuter Fund	▶ 412	00
CA Breast Cancer Research Fund	▶ 405	00	CA Cancer Research Fund	▶ 413	00
CA Firefighters' Memorial Fund	▶ 406	00	ALS/Lou Gehrig's Disease Research Fund	▶ 414	00
Emergency Food For Families Fund	▶ 407	00			

68	Add code 400 through code 414. These are your total contributions	• 68	00

Amount You Owe

69 **AMOUNT YOU OWE.** Add line 55 and line 68 (see page 23). **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • 69 00

Interest and Penalties

70	Interest, late return penalties, and late payment penalties	70	00
71	Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached**	• 71	00
72	Total amount due (see page 24). Enclose, but do not staple, any payment	72	0.00

Refund and Direct Deposit

73 **REFUND OR NO AMOUNT DUE.** Subtract line 68 from line 54.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** • 73 0.00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip (see page 24).

Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 73) is authorized for direct deposit into the account shown below:

• Routing number ☐ Checking ☐ Savings • Type • Account number • 74 Direct deposit amount 00

The remaining amount of my refund (line 73) is authorized for direct deposit into the account shown below:

• Routing number ☐ Checking ☐ Savings • Type • Account number • 75 Direct deposit amount 00

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature X Spouse's/RDP's signature (if a joint return, both must sign) X Daytime phone number (optional) (239)335-2480

Date

Joint return? (see page 25)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid preparer's SSN/PTIN • P00045558

Firm's name (or yours, if self-employed) Firm's address

GILBERT, WALLACE, STEWART,
STRAMEL & SOWERS, PA
PO BOX 308, FORT MYERS, FL 33902-0308

FEIN • 59-2745432

Do you want to allow another person to discuss this return with us (see page 25)? • ☒ Yes ☐ No

PREPARER 239 334-1363

Print Third Party Designee's Name Telephone Number

TAXABLE YEAR **2008**

California Adjustments - Nonresidents or Part-Year Residents

839021 12-12-08
SCHEDULE **CA (540NR)**

Important: Attach this schedule behind Long Form 540NR, Side 2 as a supporting California schedule.

Name(s) as shown on return: HENRY R & KRISTEN L JUDAH

SSN or ITIN: [redacted]

Part I **Residency Information. Complete all lines that apply to you and your spouse/RDP.**

	Yourself	Spouse/RDP
During 2008:		
1 a I was domiciled in (enter state or country)	N/A	N/A
b I was in the military and stationed in (enter state or country)	N/A	N/A
2 I became a California resident (enter the state of prior residence and date of move)	N/A	N/A
3 I became a nonresident (enter new state of residence and date of move)	N/A	N/A
4 I was a nonresident of California the entire year (enter state or country of residence)	FL	FL
5 The number of days I spent in California (for **any** purpose) is:	N/A	N/A
6 I owned a home/property in California (enter "Yes" or "No")	NO	NO
Before 2008:		
7 I was a California resident for the period of (enter dates)	N/A	N/A
8 I entered California on (enter date)	N/A	N/A
9 I left California on (enter date)	N/A	N/A

Part II **Income Adjustment Schedule**

Section A - Income	A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	113,780.			113,780.	
8 Taxable interest income 8	5.			5.	
9 Ordinary dividends. (b) 1,228. 9(a)	1,231.			1,231.	
10 Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B 10					
11 Alimony received 11					
12 Business income or (loss) 12					
13 Capital gain or (loss) 13	3,398.			3,398.	
14 Other gains or (losses) 14		159.		<159.>	
15 Total IRA distributions. (a) 15(b)					
16 Total pensions & annuities. (a) 16(b)					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17		5,894.		<5,894.>	
18 Farm income or (loss) 18					
19 Unemployment compensation 19					
20 Social security benefits. (a) 20(b)					
21 Other income. a California lottery winnings; b Disaster loss carryover from FTB 3805V; c Federal NOL (Form 1040, line 21); d NOL carryover from FTB 3805V; e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809; f Other (describe): 21	a b c d e f	a b c d e f		21	21
22 a **Total:** Combine line 7 through line 21 in each column. Continue to Side 2 22a	118,414.	6,053.		112,361.	

For Privacy Notice, get form FTB 1131.

022 7741084

Section B - Adjustments to Income		A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22b Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E	22b	118,414.	6,053.		112,361.	
23 Educator expenses	23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	24					
25 Health savings account deduction	25					
26 Moving expenses	26					
27 One-half of self-employment tax	27					
28 Self-employed SEP, SIMPLE, and qualified plans	28					
29 Self-employed health insurance deduction	29					
30 Penalty on early withdrawal of savings	30					
31a Alimony paid. b Enter recipient's: SSN ____ Last name ____	31a					
32 IRA deduction	32					
33 Student loan interest deduction	33					
34 Tuition and fees deduction	34					
35 Domestic production activities deduction	35					
36 Add line 23 through line 35 in each column, A through E	36					
37 **Total.** Subtract line 36 from line 22b in each column, A through E	37	118,414.	6,053.		112,361.	

Part III Adjustments to Federal Itemized Deductions

38 **Federal itemized deductions.** Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16) — 38 5,573.

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign taxes **only**). See instructions — 39 978.

40 Subtract line 39 from line 38 — 40 4,595.

41 Other adjustments including California lottery losses. See instructions. Specify ____ — 41

42 Combine line 40 and line 41 — 42 4,595.

43 **Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately	**$163,187**
Head of household	**$244,785**
Married/RDP filing jointly or qualifying widow(er)	**$326,379**

No. Transfer the amount on line 42 to line 43.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 — 43 4,595.

44 **Enter the larger of the amount on line 43 or your standard deduction listed below**

Single or married/RDP filing separately	**$3,692**
Married/RDP filing jointly, head of household, or qualifying widow(er)	**$7,384**

— 44 7,384.

Part IV California Taxable Income

45 **California AGI.** Enter your California AGI from line 37, column E — 45

46 Enter your deductions from line 44 — 46 7,384.

47 **Deduction percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- — 47 .0000

48 **California Itemized/Standard Deductions.** Multiply line 46 by the percentage on line 47 — 48 0.

49 **California Taxable Income.** Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 22. If less than zero, enter -0- — 49 0.

ALL SOURCES

TAXABLE YEAR **2008**

Sales of Business Property

(Also, involuntary conversions and recapture amounts under IRC Sections 179 and 280F and R&TC Sections 17267.2, 17267.6, 17268, 24356.5, 24356.6, 24356.7, and 24356.8.)

CALIFORNIA SCHEDULE **D-1**

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on return: HENRY R & KRISTEN L JUDAH

SSN, ITIN, SOS file no., California Corp. no., or FEIN: [redacted]

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year

Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on federal Form(s) 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23 1

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
JUSTICE INVESTORS						<159.>

3 Gain, if any, from federal Form 4684, Section B, Part II, line 45	3	00
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37	4	00
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)	5	00
6 Gain, if any, from Part III, line 35, from other than casualty and theft	6	00
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows:	7	<159.>00

IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. **Partnerships or Limited Liability Companies (classified as partnerships)**: Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. **S corporations**: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others**: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Form 540 and Long Form 540NR filers**, enter the gain on Schedule D, (540 or 540NR) line 1, and skip lines 8, 9, and 12 below; **Form 100 and Form 100W filers**, enter the gain on Schedule D, Side 5, Part II, line 6, and skip lines 8, 9, and 12 below.

8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions	8	00
9 Subtract line 8 from line 7. If zero or less, enter -0-	9	00

S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Side 2, Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others**: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Form 540 and Long Form 540NR filers**, enter as a capital gain on Schedule D, (540 or 540NR) line 1; **Form 100 and Form 100W filers**, enter the gain on Schedule D, Side 5, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

Part II Section A - Ordinary Gains and Losses

10 Ordinary gains and losses not included on line 11 through line 17 (include property held 1 year or less):

11 Loss, if any, from line 7	11	(159.)
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions	12	00
13 Gain, if any, from Part III, line 34	13	00
14 Net gain or (loss) from federal Form 4684, Section B, Part II, line 37 and line 44a (completed using California amounts)	14	00
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions	15	00
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)	16	00
17 Combine line 10 through line 16	17	<159.>00

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip line a and line b below. For individual returns, complete line a and line b below: see instructions.

a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii), enter that part of the loss here. See instructions	18a	00
b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20	18b	<159.>00

Part II **Section B - Adjusting California Ordinary Gain or Loss** For individual returns (Form 540 and Long Form 540NR) only.

19 Enter ordinary federal gains and losses from federal Form 1040, line 14	19	00
20 Enter ordinary California gains and losses from Side 1, line 18b	20	<159.>00
21 Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.		
a If line 19 is more than line 20, enter the difference here and on Schedule CA (540 or 540NR), line 14, column B	21a	159.00
b If line 20 is more than line 19, enter the difference here and on Schedule CA (540 or 540NR), line 14, column C	21b	00

Part III **Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255**

22 Description of IRC Sections, 1245, 1250, 1252, 1254, and 1255 property:	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
A		
B		
C		
D		

Relate lines 22A through 22D to these columns ▶ ▶ ▶		Property A	Property B	Property C	Property D
23 Gross sales price	23				
24 Cost or other basis plus expense of sale	24				
25 Depreciation (or depletion) allowed or allowable	25				
26 Adjusted basis. Subtract line 25 from line 24	26				
27 Total gain. Subtract line 26 from line 23	27				
28 **If IRC Section 1245 property:**					
a Depreciation allowed or allowable	28a				
b Enter the **smaller** of line 27 or line 28a	28b				
29 **If IRC Section 1250 property:** If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:					
a Additional depreciation after 12/31/76	29a				
b Applicable percentage multiplied by the **smaller** of line 27 or line 29a	29b				
c Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	29c				
d Additional depreciation after 12/31/70 and before 1/1/77	29d				
e Enter the **smaller** of line 29c or line 29d	29e				
f IRC Section 291 amount (for corporations only)	29f				
g Add line 29b, line 29e, and line 29f	29g				
30 **If IRC Section 1252 property:** Skip this section if you did not dispose of farm land or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	30a				
b Applicable percentage multiplied by line 30a	30b				
c Enter the **smaller** of line 27 or line 30b	30c				
31 **If IRC Section 1254 property:**					
a Intangible drilling and development costs deducted after 12/31/76	31a				
b Enter the **smaller** of line 27 or line 31a	31b				
32 **If IRC Section 1255 property:**					
a Applicable percentage of payments excluded from income under IRC Section 126	32a				
b Enter the **smaller** of line 27 or line 32a	32b				

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

33 Total gains for all properties. Add column A through column D of line 27	33	00
34 Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and in Part II, line 13	34	00
35 Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on Part I, line 6. Enter the portion from casualty and theft on federal Form 4684, Section B, line 33	35	00

Part IV **Recapture Amounts Under IRC Sections 179 and 280F When Business Use Drops to 50% or Less, or Under R&TC Sections 17267.2, 17267.6, 17268, 24356.5, 24356.6, 24356.7, and 24356.8 for Property Which Ceases to be Qualified Property**

		(a) Expense deductions	(b) Recovery deductions
36 Expense deductions or recovery deductions. See instructions	36	00	00
37 Depreciation or recovery deductions. See instructions	37	00	00
38 Recapture amount. Subtract line 37 from line 36. See instructions	38	00	00

ALL SOURCES

TAXABLE YEAR

CALIFORNIA FORM

2008 Passive Activity Loss Limitations

839511 12-12-08

3801

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on return: HENRY R & KRISTEN L JUDAH

SSN, ITIN, FEIN, or CA. corporation no.: [redacted]

Part I 2008 Passive Activity Loss

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a	Activities with net income from Worksheet 1, column (a)	1a	00	
1b	Activities with net loss from Worksheet 1, column (b)	1b	00	
1c	Prior year unallowed losses from Worksheet 1, column (c)	1c	00	
1d	Combine line 1a, line 1b, and line 1c			1d 00

All Other Passive Activities

2a	Activities with net income from Worksheet 2, column (a)	2a	00	
2b	Activities with net loss from Worksheet 2, column (b)	2b	00	
2c	Prior year unallowed losses from Worksheet 2, column (c)	2c	<2,350.>00	
2d	Combine line 2a, line 2b, and line 2c			2d <2,350.>00
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.			3 <2,350.>00

Part II Special Allowance for Rental Real Estate with Active Participation

Enter all numbers in Part II as positive amounts.

4	Enter the **smaller** of the losses from line 1d or line 3			4 00
5	Enter $150,000. If married/RDP filing a separate return, see instructions	5	00	
6	Enter federal modified adjusted gross income, but not less than zero. If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6	00	
7	Subtract line 6 from line 5	7	00	
8	Multiply line 7 by 50% (.50). **Do not** enter more than $25,000			8 00
9	Enter the **smaller** of line 4 or line 8			9 00

Part III Total Losses Allowed

10	Add the income, if any, from line 1a and line 2a and enter the total	10 00
11	**Total losses allowed from all passive activities for 2008.** Add line 9 and line 10	11 0.00

See the instructions on Page 2 to find out how to report the losses on your tax return.

Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records. Refer to the instructions for federal Form 8582 for specific instructions on how to complete the worksheets.

839513 12-12-08

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior year (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ... ▶					

Worksheet 2 For form FTB 3801, line 2a, line 2b, and line 2c

Name of activity	Current year (a) Net income (line 2a)	Current year (b) Net loss (line 2b)	Prior year (c) Unallowed loss (line 2c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
JUSTICE INVEST	0.	0.	<2,350.>		<2,350.>
Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ... ▶	0.	0.	<2,350.>		

Worksheet 3 Use this worksheet if an amount is shown on form FTB 3801, line 9

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ... ▶			1.00		

Worksheet 4 Allocation of Unallowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
JUSTICE INVESTORS	SCH E	2,350.	1.00000000	2,350.
Total ... ▶		2,350.	1.00	2,350.

Worksheet 5 Allowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ... ▶				

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

Name of Activity JUSTICE INVESTORS	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule to be reported on: FORM 4797					
1a Net loss plus prior year unallowed loss from form or schedule ▶	45.				
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶		45.	.01914894	45.	
Form or schedule to be reported on: SCH E					
1a Net loss plus prior year unallowed loss from form or schedule ▶	2,305.				
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶		2,305.	.98085106	2,305.	
Form or schedule to be reported on:					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		2,350.	1.00	2,350.	0.

Worksheets 1 through 6 are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

TAXABLE YEAR | CALIFORNIA SOURCES | CALIFORNIA FORM

2008 Passive Activity Loss Limitations

839511 12-12-08 **3801**

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on return: HENRY R & KRISTEN L JUDAH

SSN, ITIN, FEIN, or CA. corporation no.: [redacted]

Part I 2008 Passive Activity Loss

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a	Activities with net income from Worksheet 1, column (a)	1a	00	
1b	Activities with net loss from Worksheet 1, column (b)	1b	00	
1c	Prior year unallowed losses from Worksheet 1, column (c)	1c	00	
1d	Combine line 1a, line 1b, and line 1c			1d 00

All Other Passive Activities

2a	Activities with net income from Worksheet 2, column (a)	2a	00	
2b	Activities with net loss from Worksheet 2, column (b)	2b	<574.>00	
2c	Prior year unallowed losses from Worksheet 2, column (c)	2c	<7,481.>00	
2d	Combine line 2a, line 2b, and line 2c			2d <8,055.>00
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.			3 <8,055.>00

Part II Special Allowance for Rental Real Estate with Active Participation

Enter all numbers in Part II as positive amounts.

4	Enter the **smaller** of the losses from line 1d or line 3			4 00
5	Enter $150,000. If married/RDP filing a separate return, see instructions	5	00	
6	Enter federal modified adjusted gross income, but not less than zero. If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6	00	
7	Subtract line 6 from line 5	7	00	
8	Multiply line 7 by 50% (.50). **Do not** enter more than $25,000			8 00
9	Enter the **smaller** of line 4 or line 8			9 00

Part III Total Losses Allowed

10	Add the income, if any, from line 1a and line 2a and enter the total	10 00
11	**Total losses allowed from all passive activities for 2008.** Add line 9 and line 10 See the instructions on Page 2 to find out how to report the losses on your tax return.	11 0.00

Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records. Refer to the instructions for federal Form 8582 for specific instructions on how to complete the worksheets.

839513 12-12-08

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior year (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ... ▶					

Worksheet 2 For form FTB 3801, line 2a, line 2b, and line 2c

Name of activity	Current year (a) Net income (line 2a)	Current year (b) Net loss (line 2b)	Prior year (c) Unallowed loss (line 2c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
JUSTICE INVEST	0.	<103.>	<2,451.>		<2,554.>
JUSTICE INVEST	0.	<471.>	<5,030.>		<5,501.>
Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ... ▶	0.	<574.>	<7,481.>		

Worksheet 3 Use this worksheet if an amount is shown on form FTB 3801, line 9

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ... ▶			1.00		

Worksheet 4 Allocation of Unallowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
JUSTICE INVESTORS	SCH E	2,554.	.31707014	2,554.
JUSTICE INVESTORS	SCH E	5,501.	.68292986	5,501.
Total ... ▶		8,055.	1.00	8,055.

Worksheet 5 Allowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ... ▶				

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

Name of Activity JUSTICE INVESTORS	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule to be reported on: SCH E					
1a Net loss plus prior year unallowed loss from form or schedule ▶	2,305.				
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶		2,305.	.90250587	2,305.	
Form or schedule to be reported on:					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule to be reported on:					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		2,305.	1.00	2,305.	0.

Worksheets 1 through 6 are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

Name of Activity JUSTICE INVESTORS	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule to be reported on: FORM 4797					
1a Net loss plus prior year unallowed loss from form or schedule ▶	45.				
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶		45.	.00818033	45.	
Form or schedule to be reported on: FORM 4797					
1a Net loss plus prior year unallowed loss from form or schedule ▶	204.				
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶		204.	.03708417	204.	
Form or schedule to be reported on: SCH E					
1a Net loss plus prior year unallowed loss from form or schedule ▶	5,252.				
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶		5,252.	.95473550	5,252.	
Total ▶			1.00		

Worksheets 1 through 6 are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

CA 3801 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 1

R R E A - NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	FORM 4797	0.	<45.>	<45.>	45.	
JUSTICE INVESTORS	SCH E	0.	<2,305.>	<2,305.>	2,305.	
TOTALS		0.	<2,350.>	<2,350.>	2,350.	

CA 3801 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 2

R R E A - NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	FORM 4797	0.	<45.>	<45.>	45.	
JUSTICE INVESTORS	SCH E	0.	<2,305.>	<2,305.>	2,305.	
JUSTICE INVESTORS	FORM 4797	<103.>	<101.>	<204.>	204.	
JUSTICE INVESTORS	SCH E	<368.>	<4,884.>	<5,252.>	5,252.	
TOTALS		<471.>	<7,335.>	<7,806.>	7,806.	

LEE COUNTY
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

Bob Janes
District One

A. Brian Bigelow
District Two

Ray Judah
District Three

Tammy Hall
District Four

Frank Mann
District Five

Donald D. Stilwell
County Manager

David M. Owen
County Attorney

Diana M. Parker
County Hearing
Examiner

June 29, 2009

Department of State
Florida Commission on Ethics
PO Drawer 15709
Tallahassee, FL 32317-5709

Dear Division Director:

Enclosed please find Form 6, as prescribed by the Commission on Ethics, for making full and public my financial disclosure for your 2008.

If there are any questions or additional requirements under Article II, Section 8 of the Florida Constitution, please feel free to contact my office.

Sincerely yours,

Ray Judah, Chairman
Lee County Board of County Commissioners

RJ:ms

'09JUL02PM01:39 SDE Lee Co FL

P.O. Box 398, Fort Myers, Florida 33902-0398 (239) 335-2111
Internet address http://www.lee-county.com
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FORM 2 QUARTERLY CLIENT DISCLOSURE

LAST NAME—FIRST NAME—MIDDLE NAME Strayhorn Edwin Bruce	NAME OF AGENCY Housing Authority of the City of Fort Myers
MAILING ADDRESS 2125 First Street, Suite 201	OFFICE HELD ☐ ELECTED CONSTITUTIONAL OFFICER ☐ STATE OFFICER ☐ LOCAL OFFICER
CITY: Fort Myers, ZIP: 33901 COUNTY: Lee	
FOR QUARTER ENDING (Check One): ☐ MARCH ☒ JUNE ☐ SEPTEMBER ☐ DECEMBER — YEAR: 2009	☐ SPECIFIED STATE EMPLOYEE — POSITION HELD: Commissioner

DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES *[Required by Fla.Stat. § 112.3145(4)]*

[NOTE: Under Art. II, §8(e), Fla. Const., and §112.313(9), Fla. Stat., members of the Legislature are prohibited from personally representing another person or entity for compensastion before State agencies (other than judicial tribunals). However, members of the Legislature are required to list below any such appearances before State agencies made by any partner or associate of a professional firm of which the legislator is a member. Also, public officers and their firms are prohibited by §112.313(7), Fla. Stat., from representing clients before boards on which they serve. Note also that local government attorneys and their firms are prohibited by §112.313(16), Fla. Stat., from representing private clients before the local governments they serve.]

1. If you are a state officer, elected constitutional officer of state government, or specified employee—

Please list below the names of all clients who were represented for a fee or commission during the previous calendar quarter before any agency at the state level of government either by you or by any partner or associate of a professional firm of which you are a member and of which representation you have actual knowledge. Also list the name of the agencies before which such clients were represented.

2. If you are a local officer or elected constitutional officer of local government—

Please list below the names of all clients who were represented for a fee or commission during the previous calendar quarter before any agency within the political subdivision you serve either by you or by any partner or associate of a professional firm of which you are a member and of which representation you have actual knowledge. Also list the names of the agencies before which such clients were represented.

NOTE: "Representation" includes actual physical attendance on behalf of a client in an agency proceeding, letters written or documents filed on behalf of a client, and personal communications made with the officers or employees of any agency on behalf of a client. "Representation" DOES NOT include appearances before any court, or Chief Judges of Compensation Claims or judges of compensation claims, representations on behalf of your agency in your official capacity, the preparation and filing of forms and applications merely for the purpose of obtaining or transferring a license based on a quota or a franchise of such agency, or a license or operation permit to engage in a profession, business or occupation, so long as the issuance or granting of such license, permit, or transfer, a variance, a special consideration, or a certificate of public convenience and necessity does not require substantial discretion. You are NOT required to disclose appearances in ministerial matters, i.e., where the person before whom you represent a client takes action in a prescribed manner in obedience to the mandate of legal authority, without the exercise of the person's own judgement or discretion as to the proprietary of the action taken. For example, filing a document with a Circuit Court Clerk is a ministerial matter since it requires no discretionary action by the Clerk.

NAME OF CLIENTS	NAME OF AGENCIES	CHECK IF REPRESENTED BY YOU
See Attached		
☒ CHECK IF CONTINUED ON SEPARATE SHEET	Signature	

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED $10,000.

FILING INSTRUCTIONS

Local officers: This form, when completed and signed, should be filed with the Supervisor of Elections of the county in which you are principally employed or a resident.

State officers, elected constitutional officers, or specified state employees: Please file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709.

It is due not later than the last day of the calendar quarter following the calendar quarter during which the representation was made. (Example: If a representation was made in March, the form disclosing it should be filed by June 30.) **This form need not be filed if no reportable representations were made during the quarter.**

QUARTERLY REPORT

'09JUL16PM0257 SOE Lee Co Fl

FORM 2 QUARTERLY CLIENT DISCLOSURE – June 30, 2009
Edwin Bruce Strayhorn
The Housing Authority of the City of Fort Myers, FL

Names of Clients	**Names of Agencies**
Alligator Towing & Recovery, Inc.	City of Fort Myers Planning Department City of Fort Myers Purchasing Department
Carter-Pritchett Advertising, Inc.	City of Fort Myers Planning Department
Cement Industries, Inc.	City of Fort Myers Engineering Department
Downtown Entertainment Proprietors	City of Fort Myers Community Development Department
Escapades	City of Fort Myers Beautification Advisory Board
iStar Financial	City of Fort Myers Planning Department
McCutcheon, Mr. & Mrs. Pat	City of Fort Myers Planning Department
Navillus Group, LLC	City of Fort Myers Planning Department
Partners Trust, LLC	City of Fort Myers Code Enforcement City of Fort Myers Planning Department City of Fort Myers Local Business Tax Department
Ricciani, Richard	City of Fort Myers Building Department
Silver, Stuart	City of Fort Myers Planning Department
Word of Life	City of Fort Myers Building Department City of Fort Myers Code Department