FORM 1	STATEN	MENT OF	2008			
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS						
LAST NAME - FIRST NAME - MIDDL Van Waus, - MAILING ADDRESS : P.O. Boy	zo4	FOR OI USE OI	DNLY:			
CITY: Sidney, JL NAME OF AGENCY: Lee County NAME OF OFFICE OR POSITION HE	mpaign	ID Code PC214008433 ID No. Conf. Code P. Req. Code Co				
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
"BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):     DECEMBER 31, 2008 OB SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS OR						
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME	, so	the reporting person]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
V O C IT	istnict 2855 Cilmi	al Blud. Ff. Myers, Fl 33946	Education			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, client NAME OF MAJOR SOURCES OF BUSINESS' INCOME	s, and other sources of income to ADDRESS OF SOURCE	to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Van Wans Emt. DBA Sun Grast Tanmer	Thunning	11,301 S. Tamiann Ft, Nyes				
0	· · · · · · · · · · · · · · · · · · ·		3908			
PART C REAL PROPERTY [Land,	son]	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. 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.			

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
·				· · · · · · · · · · · · · · · · · · ·			
	:						
		1					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR				
	· · · · · · · · · · · · · · · · · · ·						
	······································						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
( and TH	BUSINESS EI	NTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	Van Ways F	mannises					
ADDRESS OF IV BUSINESS ENTITY	16301 S.Tan	-77					
PRINCIPAL BUSINESS ACTIVITY	Tanning						
POSITION HELD WITH ENTITY	Vice Presiden	J.					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes						
NATURE OF MY OWNERSHIP INTEREST		Ahmon husbard					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): Alle (required): 8/14/09							
	V <u>F</u>	ILING IN	STRUCTIONS:				
After completing all parts of this form, includingIfsigning and dating it, send back only the firstoilsheet (pages 1 and 2) for filing.ydIf you have nothing to report in a particularyd		WHERE TO FILE: If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. Local officers/employees file with the Supervisor		WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employ- ment. Appointees who must be confirmed by the Senate must file prior to confirmation, even			
section, you must write "none" or "n/a" in that section(s). Facsimiles will not be accepted.		of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)		if that is less than 30 days from the date of their appointment. <b>Candidates</b> for publicly-elected local office			
racommes win not be accepted.		where your agency r	has its neadquarters.)	Candidates for publiciy-elected local office			

NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

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

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

*Finally*, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

