FORM 1 F FINAL STATEMENT OF 2006 FINANCIAL INTERESTS (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)									
						LAST NAME FIRST NAME MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:	
						WESSER, RAEANN		BOCC - LEE COUNTY	
MAILING ADDRESS: 7 PO Box 713		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):							
F0 50X 11-5									
FORT MYERS 33902 LEF		SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: LPA + H1STORC							
CITY: ZIP: COUNTY:		PRESERVATION BUARD							
DISCLOSURE PERIOD:	***BOTH PARTS OF THIS SEC	TION MUST BE COMPLETE							
THIS STATEMENT REFLECTS MY F		OD BETWEEN JANUARY	6 AND THE AST DATE I HELD THE PUBLIC						
OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS, 2009 (Date musbe prior to 12/31/06)									
MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE ONLAR VALUE, WHICH REQUIRES									
FEWER CALCULATIONS, OR USIN further details). PLEASE STATE BEL	G COMPARATIVE THRESHOLDS, WHI OW WHETHER THIS STATEMENT RE	ICH ARE USUALLY BASED ON FLECTS EITHER (check one):	PERCENTAGE VALUES the distructions for						
COMPARATIVE (PER	CENTAGE) THRESHOLDS		AR VALUE (HRESHOLDS						
PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]									
NAME OF SOURCE OF INCOME IMajor sources of income to the reporting person DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY									
SOMIBEL CAPTIVA CONSOR- PO BOX 839, SANIBEL 33959 NATURAL RESOURCE POLI									
VATION FOUNDATION									
			· · · · · · · · · · · · · · · · · · ·						
PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]									
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE						
	·								
PART C - REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for									
			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 of this packet.						
			OTHER FORMS you may need to						
			file are described on page 6.						
CE FORM 1 F - Eff. 1/2006 (Continued on reverse side) PAGE 1									

CE FORM 1 F - Eff. 1/2006 1∃ 00 ₽₽ 7 ∃]]S 00000₩d70/\0№30.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
STOCKS & FONDS	MCDON	MCDONALD ENANCIAL GROUP			
· · · · · · · · · · · · · · · · · · ·					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
NA					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
		BUSINESS ENTITY #			
NAME OF BUSINESS ENTITY	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS					
POSITION HELD					
I OWN MORE THAN A 5%					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUG	H F ARE CONTINUE	ED ON A SEPARATE SHE			
SIGNATURE: RAUMAN DATE SIGNED: 10/23/06					
	FILING IN	STRUCTIONS:			
· · ·					
WHAT TO FILE: After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages).	Elections of the contract of t	: file with the Supervisor of county in which you perma- ou do not permanently reside the Supervisor of the county	If you are leaving office or employment during the first half of 2006, you may not have filed Form 1 for 2005. In that case, this is not the last form you will file, even though the Form 1F covers the final portion		
Facsimiles will not be accepted.		has its headquarters.) or specified state employ-	of your term of office or employment. You will be required to file Form 1 for 2005 by		
WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure	ees: file with the (Drawer 15709, Ta	Commission on Ethics, P.O. allahassee, FL 32317-5709; 600 Maclay Boulevard, South,	July 1 of 2006.		
form (Form 1F) within 60 days of leaving office or employment, unless you take another posi- tion within the 60-day period that requires you to file financial disclosure on Form 1 or Form		To determine what category your position ; under, see the "Who Must File" Instructions page 3.			
6.	NOTE:				

CE FORM 1 F - Eff. 1/2006

6.