

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

City of Dunnellon

SEP 03 2008

2008

RECEIVED

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

LAST NAME — FIRST NAME — MIDDLE NAME: <u>105685738</u> <u>McANDREW LINNE B</u>		NAME OF REPORTING PERSON'S AGENCY: <u>CITY OF DUNNELLON</u>	
MAILING ADDRESS: <u>20390 THE GRANADA</u>		CHECK ONE OF THE FOLLOWING (see "Who Must File" page 3) <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE	
<u>DUNNELLON FL 34432</u>		LIST OFFICE OR POSITION HELD: <u>Planning Commissioner</u>	
CITY:	ZIP:	COUNTY:	
		<u>MARION</u>	

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2008 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS SEP 1, 2008, 2008. (Date must be prior to 12/31/08)

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 DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<u>SURGERY CTR of Ocala</u>	<u>3241 SW 34th ST. Ocala, FL 34474</u>	<u>MEDICAL SURGERY</u>

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
<u>Ron McAndrew</u>	<u>The Prison & Jail Consultant</u>	<u>20390 THE GRANADA DUNNELLON, FL</u>	<u>CONSULTING</u>

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

<u>20390 THE GRANADA, DUNNELLON, FL 34432</u>

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

OTHER FORMS you may need to file are described on page 6.

105685738

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
GREAT WESTERN LIFE ^{JANUARY}	ANNUITIES
AMERICAN GEN LIFE DIS	ANNUITIES
SYMBION	STOCK ANNUITIES
SCOTT TRADE	STOCK
STATE EMPLOYEES CREDIT	CD'S
SUNTRUST BANK ^{ON, ON}	CASH SAVINGS

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Tom McAndrew	1/2 OWNER	
ADDRESS OF BUSINESS ENTITY	200 PRISON TAIL		
PRINCIPAL BUSINESS ACTIVITY	CONSULTANT		
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE: Wynne B McAndrew DATE SIGNED: 09-01-08

FILING INSTRUCTIONS:

WHAT TO FILE:
 After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). **Facsimiles will not be accepted.**

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 form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:
Local officers: file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)
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.

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

NOTE:
 If you are leaving office or employment during the first half of 2008, you may not have filed Form 1 for 2007. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2007 by July 1 of 2008.