ATT CONTRACT		NOL				
FORM 1	STATEM	ENT OF	2011			
Please print or type your name, mailing address, agency name, and position belo	FINANCIAI	<b>INTERESTS</b>				
LAST NAME FIRST NAME MIDDI		FOR O				
618 SE 21 LN	!		\( \sigma \) \( \frac{\x}{2} \			
			Code D			
CITY:  CAPE CORAL, FL  NAME OF AGENCY:	ZIP: COUNTY: . 33990 L	EE S	The state of the s			
Historic Preservani			BEGEINED 3			
NAME OF OFFICE OR POSITION HE		2	JAN 18-92-2012: N			
	mmfEE nes on this form. Attach additional sheets	if necessary.	LEE COUNTY ELECTIONS			
CHECK ONLY IF _ CANDIDATE			ELECTIONS 2011 PDF Form 1			
**** 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 (must check one):  DECEMBER 31, 2011  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  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 (must check one):  DOLLAR VALUE THRESHOLDS						
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS  PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]						
	port, you must write "none" or "n/a")		DESCRIPTION OF THE SOURCE'S			
OF INCOME	ADD	RESS	PRINCIPAL BUSINESS ACTIVITY			
Social Security Adminis	tratton 3650 Colomon B	lud Ft. Myans, FL 3396	Technical Claims Expent			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report , you must write "none" or "n/a")  NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE						
daas GALFRY	NA	1542 BROADWAY FT.M	men 35901 Apr Rethin			
1.	puildings owned by the reporting person port, you must write "none" or "n/a")	1 - See instructions p. 4]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
N/A			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

,			1 8 9 10 17 73		
PART D — INTANGIBLE PERSON	AL PROPERTY [Stock	ks, bonds, certificates of deposit, etc See instrite "none" or "n/a")	uctions p. 5]		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO W	IICH THE PROPERTY RELATES		
N/A (NONE)		N/A (NONE) JAN 12 2012			
	eril *	, ,	4		
	79/		\$ 2		
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructions preport, you must wr	p. 5] lite "none" or "n/a")	1010		
NAME OF CREDITOR		ADDRESS OF CREDITOR			
N/A (HOME)		NIA (NOME)			
	100				
			:		
PART F — INTERESTS IN SPECIFIED BUSINESSES. [Ownership or positions in certain types of businesses - See instructions p. 5]  (If you have nothing to report, you must write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY	NA	NIA	NA		
ADDRESS OF BUSINESS ENTITY			(I		
PRINCIPAL BUSINESS ACTIVITY	χί	<u> </u>	((		
POSITION HELD WITH ENTITY	, (	((			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	1(	11	(		
NATURE OF MY OWNERSHIP INTEREST	11	1(	tt.		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): DATE SIGNED (required):			NED (required):		
			01/09/12		

### WHAT TO FILE:

After completing all parts of this form, <u>Including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

#### NOTE:

## MULTIPLE FILING UNNECESSARY:

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.

# **FILING INSTRUCTIONS:**

### 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 of Elections of the county in which they 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.

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.

Facsimiles will not be accepted.

## 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 employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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. However, filing a CE Form 1F (Final Statement of Financia Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position or December 31, 2011.

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USA FIRST-BLASS STREET

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La Co. Elections Africa P. O. Box 2545 Fort Myn, FL 33902-2545

David Acevelo-618 SE 21 W Cape Cone, FL 33990