FORM 1		STATEMENT OF				<u> </u>	/ 20	011.	
Please print or type your name, mailing address, agency name, and position belo						1			
LAST NAME FIRST NAME MIDD ALLEY GRAN MAILING ADDRESS :		WILLIAMS		FOR OF	– –			,6 ₹ 9	
PO DRAWE	R	2217			ı ID C	\		44	
					100	oue		SOE LEE COF	
FORT MYERS	ZIP:	COUNTY: 3902-2217	LEE	ı	ID N	o .		<u> </u>	
NAME OF AGENCY: OFFICE OF TI	eney		Coni	f. Code					
NAME OF OFFICE OR POSITION HE					P. Re	eq. Code			
You are not limited to the space on the li	, if necessary. PPOINTEE								
	OR	RTS OF THIS SECT			V ET	- D ++++	20	11 PDF Form 1	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BELL DECEMBER 31, 2011 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASING COMPARATIVE (PERCENTAGE)	TABLE IN S THE (OR USI E STATE	ETHER THIS STATEMENT IS OR SPECIFY ITERESTS: OPTION OF USING REPORT NG COMPARATIVE THRESH BELOW WHETHER THIS STA	FOR THE PRECEDITAX YEAR IF OTHER FING THRESHOLDS FOLDS, WHICH ARE ATEMENT REFLECT	NG TAX YE R THAN TH S THAT AR E USUALLY	EAR END IE CALE RE ABSO BASED (must cl	DING EITHE NDAR YEAI DLUTE DOL D ON PERC HECK ONE):	R (must check: R: LAR VALUE ENTAGE VA	k one):	
PART A PRIMARY SOURCES OF I	NCOME		e reporting person -					-	
NAME OF SOURCE OF INCOME		SOUI ADD				PTION OF THE SOURCE'S PAL BUSINESS ACTIVITY			
CITY OF FORT MY	ERS	FORT MYER			LEGAL MUNICIPAL				
		TORI INVER	3 PC 057	OI AFFAI			1167		
							· +		
(If you have nothing to re	and other port, yo	ME sources of income to business u must write "none" or "n/a" OF MAJOR SOURCES	ses owned by the rep	-	on - See		•	ONE	
		BUSINESS' INCOME OF SO							
									
				<u></u>					
PART C REAL PROPERTY [Land,	buildings	owned by the reporting person	- See instructions n	. <i>A</i> ì 1					
(If you have nothing to report, you must write "none" or "n/a")					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.				
		OTHER FORMS you may need to file are described on page 6.							

PART D — INTANGIBLE PERSONAI (If you have nothing to r				c See instructions p. 5]		""		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
STOCK ACCO	NORTHERN TRUST BANK							
•								
PART E — LIABILITIES [Major debts (If you have nothing to re	port, you must wr		n/a") NONE					
NAME OF CREDITOR		ADDRESS OF CREDITOR						
					•			
			1			F		
		•				0) 22		
PART F — INTERESTS IN SPECIFIED (If you have nothing to rep	BUSINESSES [Overt, you must write BUSINESS	none" or "n/a	")	of businesses - See instru SS ENTITY # 2	uctions p. 5] Nové	4 44		
NAME OF BUSINESS ENTITY								
ADDRESS OF BUSINESS ENTITY	·					0		
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						PALL		
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A TH	IROUGH F ARE	CONTINUE	D ON A SEPAR	ATE SHEET, PLEA	SE CHECK HERE]		
SIGNATURE (require	DATE SIGNED (required): マ/// みの/み							
	PIT	INIC IN	CTDIICTI	ONG				

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filling.

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.

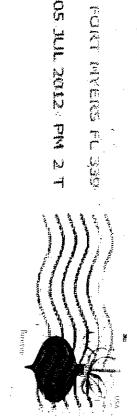
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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 Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.



Grant Alley 5525 Montilla Dr Fort Myers, FL 33919-3409

Sharon L. Harrington Supervisor of Elections Fo Box 2548 Fort Myers, FL 33902



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