FORM 1	BEALE, JOSEPH EDV		67158	2011		
Please print or type your name, mailing address, agency name, and position below:	23291 N RIVER RD ALVA FL 33920	VARDUR				
Beale Joseph						
MAILING ADDRESS':	r RJ.		NOL	712)		
AJZI) N. KINE			ID Code	8 8		
	COUNTY:	ee	ID No.	N 8 AM 1112 SOE LEE (0) F		
NAME OF AGENCY:	raina Di	etric+	Conf. Code	8		
NAME OF OFFICE OR POSITION HELD OR SO	UGHT:		P. Req. Code	8		
You are not limited to the space on the lines on this	form. Attach additional sheets,	if necessary.		<u>.</u>		
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR AP			-		
**** 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:						
MANNER OF CALCULATING REPORTABLE INT THE LEGISLATURE ALLOWS FILERS THE OP REQUIRES FEWER CALCULATIONS, OR USING Instructions for further details). PLEASE STATE BI	TION OF USING REPORTI G COMPARATIVE THRESHO	OLDS, WHICH ARE USUAL	LY BASED ON PERC			
COMPARATIVE (PERCENTAGE) THRESH			VALUE THRESHOLDS			
PART A PRIMARY SOURCES OF INCOME [No. (If you have nothing to report, you nothing to report, you nothing to report, you nothing to report, you not		e reporting person - See inst	ructions p. 4]			
Beale AFOYATTINGS TOC.	SQUR 3.ScohrecaDD			OF THE SOURCE'S		
Fla. Citrus Company	23291 NRI	Verky Olva Pi	Citas	Groves		
Flu. agr. Mgt. Co.	2 Ca to (1/00.	Ugme	<i>†</i>		
Fla Mari - Despetter	3 Seutionse Lan	e Vero Beach 1		Sales + Consultin		
PART B - SECONDARY SOURCES OF INCOM						
(Major customers, clients, and other so (If you have nothing to report, you			erson - See Instructions	p. 4j		
	OF MAJOR SOURCES USINESS' INCOME	ADDRESS OF SOURCE		NCIPAL BUSINESS FIVITY OF SOURCE		
Sule of Citrus Palmtrees,	Land + Consultin	-to processes	grovers+in	verto engeget		
Southern Keserves Kayalt	2	Jusper, Fl.	93(16	usiness in 1864.		
PART C REAL PROPERTY [Land, buildings ow	vned by the reporting person			(()/		
(If you have nothing to report, you m	nust write "none" or "n/a")		FILING INSTR when and where are located at the			
Shinne Kd + drange are.	St. Lucie Co. Fl.	Bings Hung at		, ,		
file this form and how to fill it out						
Vero Beh Fl. 329/ N. Rim	er Rd. alva Pr. 2	serce prosen	Se シハ、 OTHER FORM	S you may need		
Shope Wales Lector F1. Las	of Partership	Hampton +	to file are descri			

CE FORM 1 - Effective: Japuary 1, 2012. Refer to Rule 34-8.202(1), F.A.C. (Continued on reverse side)

TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stocks, Mostly A	3anks				
Stocks in pension	Frends MGT	- by Charles So	hwab		
		7	-		
PART E — LIABILITIES [Major debts (If you have nothing to rer		n/="\			
(If you have nothing to report, you must write "none" or "n/a") NAME OF CREDITOR ADDRESS OF CREDITOR					
	1 011 0-				
Old Morida Nati	onal OX 601	N. Ct. auc. Orles	da, F1. 3 480/		
DADT E INTEDESTS IN SPECIFIED E	HIGHESSES (Ownership or position	one in cortain tunes of husinesses. See ins	structions n El		
(If you have nothing to repo	BUSINESSES [Ownership or position of position of the control of th	ons in certain types of businesses - See ins ") BUSINESS ENTITY # 2	structions p. 5] BUSINESS ENTITY # 3		
(If you have nothing to repo	rt, you must write "none" or "n/a"	")	•		
(If you have nothing to repo	rt, you must write "none" or "n/a"	")	BUSINESS ENTITY # 3		
	rt, you must write "none" or "n/a"	")	BUSINESS ENTITY # 3		
(If you have nothing to repo	rt, you must write "none" or "n/a"	")	BUSINESS ENTITY # 3		
(If you have nothing to report the property of	rt, you must write "none" or "n/a"	")	BUSINESS ENTITY # 3		
(If you have nothing to repo	rt, you must write "none" or "n/a"	")	BUSINESS ENTITY # 3		

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 missifile within 30 days of the date of his or happointment or of the beginning of employme the Appointees who must be confirmed by the Senar 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 calend ary year in which they hold their positions.

Finally, at the end of office or employment each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 days of leaving office or employment. However, fill a CE Form 1F (Final Statement of Finance interests) does not relieve the filer of filing CE Form 1 if he or she was in their position of December 31, 2011.

PART D — INTANGIBLE PERSONAL PROF	PERTY IStocks bonds certific	rates of denosit etc See ins	tructions n. 51		
(If you have nothing to report,			rudolono p. 01		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stocks, Mostly Ba	nK5				
Stocks in Pension F	Frenchs Mat	- by Chark	es Schweb		
PART E — LIABILITIES [Major debts - See (If you have nothing to report, y		ı/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR			
Old Florida Nationa	1 BK GO1	V. Ct. ave.	Orlando F1. 3 2801		
		•	,		
		" - '' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	, , , , , , , , , , , , , , , , , , , ,		
PART F — INTERESTS IN SPECIFIED BUSIN (If you have nothing to report, yo	IESSES [Ownership or position in must write "none" or "n/a" BUSINESS ENTITY # 1	ons in certain types of business BUSINESS ENTITY			
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY			12		
PRINCIPAL BUSINESS ACTIVITY			Ē		
POSITION HELD WITH ENTITY			₩ ₩		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		7.8.61	1112		
NATURE OF MY OWNERSHIP INTEREST			385		
IF ANY OF PARTS A THROU	GH E ARE CONTINUE	D ON A SEPARATE SH			
SIGNATURE (required):	A ARE CONTINUE.				
SIGNATURE (required).	1.1	MA DATE SIL	SNED (required):		
mi	1 6 my	/VV/	5-30-12		
	FILING IN	STRUCTIONS:			
WHAT TO FILE:	WHERE TO		WHEN TO FILE:		
After completing all parts of this form, includ signing and dating it, send back only the table sheet (pages 1 and 2) for filing.	first on Ethics or a Count	the form by the Commission ty Supervisor of Elections for ure filing, return the form to	Initially, each local officer/employee, stat officer, and specified state employee mustile within 30 days of the date of his or he		

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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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.



F MYERS F 339

Supervisor of Elections
Sharon L. Harrington
P.O. Box 2545
Fort Myers, FL 33902

3002+2000

FLORIDA AGRI MANIAGEMENT CO 23351 N. RIVER ROAD ALVA, FLORIDA 33920

JSJAN 8 BWITTS 20EFE COLI