FORM 1	STATEM	ENT OF	IN	CICKED
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Address, agency name, and position be LAST NAME FIRST NAME MIDI Bevary Dan MAILING ADDRESS :	IOW.	FOR O USE O	FFICE	110
1481 Grove	Avenue 33984 7-2-			 ode -√] ₽₹ 
CITY: FORT MVERS NAME OF AGENCY :	ZIP: COUNTY: 3316/	EE	ID N	
	ELD OR SOUGHT :		" P. Re	. Code
CHECK ONLY IF D CANDIDATE		PPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 201	**BOTH PARTS OF THIS SECT R FINANCIAL INTERESTS FOR THE PR LOW WHETHER THIS STATEMENT IS 0 OR SPECIFY	ECEDING TAX YEAR, WHETH	HER BASE	NG EITHER (must check one):
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	INCOME [Major sources of income to the port, you must write "none" or "n/a")		-	
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
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	OF INCOME [Major customers, clients, report, you must write "none" or "n/a		o business	es owned by the reporting person]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDR OF BUSINESS' INCOME OF SO			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
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PART C REAL PROPERTY [Land, buildings owned by the reporting person] (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.	
<u>Acsidence</u>		,	INST file this	RUCTIONS on who must s form and how to fill it out on page 3.
			OTHE to file	R FORMS you may need are described on page 6.

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PART D — INTANGIBLE PERSOI (Iryou have nothing the second	NAL PROPERTY [Stocks, bonds, certific: to report, you must write "none" or "n/	ates of deposit, etc.] a") BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES		
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PART E — LIABILITIES [Major de (If you have nothing t NAME OF CREDI	o report, you must write "none" or "n/ I	a") ADDRESS OF CREU	DITOR		
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well more more					
PART F INTERESTS IN SPECIFI (If you have nothing to	ED BUSINESSES [Ownership or position report, you must write "none" or "n/a") BUSINESS ENTITY # 1	ns in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	BEVARY Communication	<b>L b</b>			
ADDRESS OF BUSINESS ENTITY	(48) Grave Ave				
PRINCIPAL BUSINESS ACTIVITY	MARKETING CONSULTIN	ľ.			
POSITION HELD WITH ENTITY	PLINCIPAL				
I OWN MORE THAN A 5%	VES	······································			
NATURE OF MY OWNERSHIP INTEREST	Proprietar				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (réquired): DATE SIGNED (required):					
FILING INSTRUCTIONS:					

## 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 filing.

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

Facsimiles will not be accepted.

## 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.

## 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.

## 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.



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USA FIRST-CLASS FOREVER

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Mr. Bernie Feliciano Zee Countz Electrone Office P.O. Box 2545 Fort Myen, FL 33702-2545

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