FORM 1		STATEME	NT OF		2011	
Please print or type your name, mailing address, agency name, and position below]_]	FINANCIAL I			IC	
LAST NAME - FIRST NAME - MIDDLE		`	FOR OF		UN19AM0932SOELeeCoF1 🗟	
MAILING ADDRESS: 17788 Dakmont Rid	,	inde		NO 1 ID Cod		
, , , , , , ,	ZIP : 3 3 ዓ (COUNTY:		ID No		
NAME OF AGENCY: Southwest Florida Work	(65CE	Development Bo	ned	Conf.	part .	
NAME OF OFFICE OR POSITION HELL Board Member	D OR SO	DUGHT :		P. Red	q. Code	
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE		form. Attach additional sheets, if r			्रका म मार्ग्स ने द्रवामा द	
	1 PAF	RTS OF THIS SECTIO	N MUST BE CON	IPLETE	D ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2011	OW WHE	THER THIS STATEMENT IS FO	EDING TAX YEAR, WHETI IR THE PRECEDING TAX K YEAR IF OTHER THAN	YEAR END	ING EITHER (must check one):	
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REOLIRES FEWER CALCULATIONS.	OR USI	PTION OF USING REPORTIN NG COMPARATIVE THRESHOL	_DS, WHICH ARE USUAL	LY BASED	ON PERCENTAGE VALUES (see	
instructions for further details). PLEASE COMPARATIVE (PERCENTAGE			·		leck one): RESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to res	ICOME ort, you	[Major sources of income to the must write "none" or "n/a")	reporting person - See insti	ructions p. 4	4]	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Oppess Gove at Healthof	ek	10200 CYPEES COU	e beive	<u></u>	RC	
		Foret Mypes P	L 33908			
PART B SECONDARY SOURCES [Major customers, clients,	and othe	DME r sources of income to businesse ou must write "none" or "n/a")	s owned by the reporting p	erson - See	e instructions p. 4]	
NAME OF BUSINESS ENTITY	NAM	E OF MAJOR SOURCES F BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A						
PART C REAL PROPERTY [Land, (If you have nothing to re	building: port, yo	s owned by the reporting person u must write "none" or "n/a")	- See instructions p. 4]	when	NG INSTRUCTIONS for and where to file this form	
Howe: 17788 Daknart Right Gecle Food Mype, FL 32967				INSTRUCTIONS on who must file this form and how to fill it out		
1007					on page 3.	
					ER FORMS you may need are described on page 6.	

PART D — INTANGIBLE PERSON	AL PROPERTY [Stocks, bonds, c	ertificates of deposit, etc See instructions p. 5]				
(If you have nothing to	report, you must write "none"	or "n/a")	,			
TYPE OF INTANGIB	LE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A						
PART E — LIABILITIES (Major de (If you have nothing to	bts - See instructions p. 5] report, you must write "none"	or "n/a")				
NAME OF CREDIT	OR	ADDRESS OF CREDITOR				
Mostra - Della F	Arun For	FOLL MYCES IC				
77						
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 ADDRESS OF BUSINESS ENTITY						
NAME OF BUSINESS ENTITY	<i>(</i> '		<u>-</u>			
	CYPRESS LOVE		<u>-</u>			
ADDRESS OF BUSINESS ENTITY	10200 CYPRESS GOVE D	<u>e </u>	۳.			
PRINCIPAL BUSINESS ACTIVITY	ccec		8			
POSITION HELD WITH ENTITY	He Dierctue		7			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		H			
NATURE OF MY OWNERSHIP INTEREST	N/A		8			
IF ANY OF PARTS A	THROUGH F ARE CONTI	IUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (requi	red):	DATE SIGNED (required):	DATE SIGNED (required):			
Drumans	Came	6/19/12				

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).

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.