FORM 1	STATEMENT	OF		2011				
Please print or type your name, malling address, agency name, and position below:	FINANCIAL INT	EREST	s [
LAST NAME - FIRST NAME - MIDDLE	~	FOR (OFFICE	 				
	THUR S	USE	ONLY:					
MAILING ADDRESS: 8024 GATOR	PALM DR			North				
RT MYERS, FL	33966 LEE			n. Carlotte				
CITY: /	ZIP: COUNTY:		IDN	lo.				
NAME OF AGENCY:			Con	f. Code				
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		P. Req. Code					
HERITAGE PALMS CDI	on this form, Attach additional sheets, if necessar	2	-					
_	OR IN NEW EMPLOYEE OR APPOINTEE			2021 005 5				
				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:								
REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S	THE OPTION OF USING REPORTING THRE R USING COMPARATIVE THRESHOLDS, WI TATE BELOW WHETHER THIS STATEMENT	HICH ARE USUAL REFLECTS EITHE	LY BASEI R (must c	O ON PERCENTAGE VALUES (see heck one):				
COMPARATIVE (PERCENTAGE)				RESHOLDS				
PART A PRIMARY SOURCES OF INC (If you have nothing to report	OME [Major sources of income to the reporting it, you must write "none" or "n/a")	person - See inst	ructions p.	4]				
NAME OF SOURCE OF INCOME	· · · · · · · · · · · · · · · · · · ·			SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY				
MWRD RETIREMENT	FUND 100E EXIEST CHI	OHGO AL	IL RETILLAGIT FUND					
LANTAGE POINT TRANSMIR PARNT				•				
FOR MURD	MURD 171 NO. CAPTOL STAR WA			DC IRA				
		7.						
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	INCOME other sources of income to businesses owned rt , you must write "none" or "n/a")	by the reporting po	erson - Sec	instructions p. 4]				
NAME OF NAME OF MAJOR SOURCES ADDR BUSINESS ENTITY OF BUSINESS' INCOME OF SO								
NONE								
(If you have nothing to repor	Idings owned by the reporting person - See inst t, you must write "none" or "n/a")	ructions p. 4]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
DULY GATOR VA	Lon DR FT AYERS A	33966	INST	RUCTIONS on who must is form and how to fill it out on page 3.				
			ОТН	ER FORMS you may need				
			BILL O1	are described on page 6.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Nove							
							
PART E — LIABILITIES [Major debt (If you have nothing to a NAME OF CREDITO	eport, you must w		•	OF CREDITOR			
			ADDITEGO	OF OREDITOR			
Nove							
					·		
PART F — INTERESTS IN SPECIFIED (If you have nothing to re	port, you must writ	wnership or positi e "none" or "n/a ENTITY # 1	ons in certain types of businesses ") BUSINESS ENTITY#		8 p. 5] BUSINESS ENTITY #3		
NAME OF BUSINESS ENTITY	Nows						
ADDRESS OF BUSINESS ENTITY	_	_					
PRINCIPAL BUSINESS ACTIVITY		.	· · · · · · · · · · · · · · · · · · ·				
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5%	1						
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	W.						
IF ANY OF PARTS A TI	HROUGH F AR	E CONTINUE	D ON A SEPARATE SHE	ET, PLEASE (CHECK HERE		
SIGNATURE (require	DATE SIGNED (required):						
FILING INSTRUCTIONS:							
THE TOTAL STATE OF THE PARTY OF							

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.

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.