FORM 1

STATEMENT OF

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2011

address, agency name, and position belo	ow:		INTERESTS				
LAST NAME FIRST NAME MIDDI CLASSUN MAR		THERESE	FOR OF USE 1911		m022250ELeeCoF1		
MAILING ADDRESS: P.O. BOX 15114	<u> </u>			ID Co	ode		
CAPE CORAL	<u>33</u> (915 LEE	- A 1914				
CITY: CONSTRUCTION LIC NAME OF AGENCY:		ID No	5.				
CONSUMER REPL NAME OF OFFICE OR POSITION HE		. Code eq. Code					
You are not limited to the space on the li			if necessary.		-		
CHECK ONLY IF CANDIDATE		☐ NEW EMPLOYEE OR AP		···.	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: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):							
COMPARATIVE (PERCENTAG	E) THRES	SHOLDS <u>OR</u>	D DOLLAR V	ALUE TH	RESHOLDS		
PART A PRIMARY SOURCES OF (If you have nothing to re	NCOME port, you	[Major sources of income to the must write "none" or "n/a")	e reporting person - See instru	ictions p.	4]		
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
LEE MUNN SHERIFF	OHEK	= 1470 SIX MILE	CYPRESS PKWY				
		7_					
		<u> </u>					
(If you have nothing to r	and other eport , you	DME r sources of income to business ou must write "none" or "n/a" E OF MAJOR SOURCES F BUSINESS' INCOME	ses owned by the reporting per ') ADDRESS OF SOURCE	rson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
BUSINESS ENTITY OF		OF SOURCE			AUTIVIT OF SOURCE		
PART C REAL PROPERTY [Land (If you have nothing to re	when	NG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.					
None				INST	RUCTIONS on who must is form and how to fill it out on page 3.		
					ER FORMS you may need 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 INTANGIB	LE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
NONE								
PART E — LIABILITIES [Major del (If you have nothing to			/a")					
NAME OF CREDIT	OR	ADDRESS OF CREDITOR						
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								
NAME OF BUSINESS ENTITY	Move							
ADDRESS OF BUSINESS ENTITY	NOME							
PRINCIPAL BUSINESS ACTIVITY	Nane							
POSITION HELD WITH ENTITY	None							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NONE							
NATURE OF MY OWNERSHIP INTEREST	Nong							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (requir	<u>ed):</u>		DATE SIGNED (required):					
11 (Ose			8.26-12					

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.

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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.