FORM 1	STATEM	ENT OF		2011				
Please print or type your name, mailing address, agency name, and position belo	FINANCIAI	INTERESTS	F					
LAST NAME - FIRST NAME - MIDDL	h Chades	FOR O		N PM				
MAILING ADDRESS: 1206 SW ZND RURNUL				12 Am				
			ID C	THE CENT IN				
CAPE CORAL FL	ZIP: COUNTY:		DN	LOUINE QUE				
CHAMESTAGENCY ARE CON	CINION BOARD		coff	Sode Est Md 2				
NAME OF OFFICE OR POSITION HE BOARD MUMBER	-		J P. Re	od Carre				
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	•	ASTERNA HARA L					
**** BOT DISCLOSURE PERIOD:	H PARTS OF THIS SECT	ION MUST BE COM	PLETI	ED ****				
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 MANNER OF CALCULATING REPORT	TABLE INTERESTS:	TAX YEAR IF OTHER THAN T						
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE	HOLDS, WHICH ARE USUALI	Y BASED	ON PERCENTAGE VALUES (see					
COMPARATIVE (PERCENTAGE				RESHOLDS				
PART A PRIMARY SOURCES OF II (If you have nothing to rep	NCOME [Major sources of income to to coort, you must write "none" or "n/a"		actions p.	4]				
NAME OF SOURCE OF INCOME	ADI	RCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
	DMIN	1 Alice H.TV	Resignant Benefit					
MoloAn Stanley	231 City 61te	Ln , NAPERVIlle II	Inv	estment				
	-							
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NA								
= 0 : 0:0 1	buildings owned by the reporting personal, you must write "none" or "n/a")	when and where to file this form					
1502 CO SID HUE, CAPECORAL FC 389			INSTRUCTIONS on who must					
			file this form and how to fill it out begin on page 3.					
			OTHER FORMS you may need to file 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							
IDA	Ω1	Morgan Stanley South BARNEY LC							
	111	000411 5-	4111001 311			7			
									
						- <u>-</u>			
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructions p. 5] report, you must write '		.			S. C.			
NAME OF CREDIT	OR	ADDRESS OF CREDITOR							
Citizank Mostanse		D BOX 790	F2 0110	عقاما	Mo	63179-0110			
Alley BANK		Deskort	IW	13		$\mathcal{H}_{i,j}$			
					A				
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 "ne BUSINESS ENT	•	BUSINESS ENTITY	# 2	DUCINE	ESS ENTITY #3			
	DOSINESS EIN	117#1	BOSINESS ENTITY	" ~	DUSINE	199 EI41111 # 3			
NAME OF BUSINESS ENTITY	MA								
ADDRESS OF BUSINESS ENTITY									
PRINCIPAL BUSINESS ACTIVITY			_						
POSITION HELD WITH ENTITY									
I OWN MORE THAN A 5%									
INTEREST IN THE BUSINESS NATURE OF MY									
OWNERSHIP INTEREST									
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (required):			DATE SIGNED (required):						
AND COOL			3-5-14						

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.