FORM 1	STATEM	ENT OF		2011				
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTEREST	S					
LAST NAME - FIRST NAME - MIDDLE	ENAME: IN ANN	POR USE	OFFICE	ALL				
MAILING ADDRESS: 348/ Hibiscus	<i>Y</i>			- N				
Ft Myers	33901 Lee							
CITY:		ID N	· B					
NAME OF AGENCY: Public art	committee City 6	Front Myers	Conf	Code SS				
NAME OF OFFICE OR POSITION HEL		l P. Re	eq. Code F					
You are not limited to the space on the line CHECK ONLY IF CANDIDATE								
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD:								
THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO	W WHETHER THIS STATEMENT IS	FOR THE PRECEDING TAX	YEAR END	DING EITHER (must check dine):				
MANNED OF CALCULATING REPORT	ADI E INTERECTO.	TAX YEAR IF OTHER THAN		ယ ယ				
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (instructions for further details). PLEASE	OR USING COMPARATIVE THRESH	IOLDS, WHICH ARE USUA	LLY BASET	O ON PERCENTAGE VALUES (see				
☐ COMPARATIVE (PERCENTAGE)	THRESHOLDS OR	DOLLAF	R VALUE TH	RESHOLDS 用				
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME [Major sources of income to the ort, you must write "none" or "n/a")			11				
NAME OF SOURCE OF INCOME	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
Delinite etacnimanages	ingtellow Rd	Substitute tracking						
LEF COUNTY SCHOOL LISTE	SuD,	SITUIC ICACATO						
PART B — SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	F INCOME and other sources of income to business ort, you must write "none" or "n/a"	ses owned by the reporting (person - See	instructions p. 4]				
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NA								
PART C REAL PROPERTY [Land, bi (If you have nothing to repo	when	FILING INSTRUCTIONS for when and where to file this form						
10 acres 13100 Stringfellow Rd Pine Island				are located at the bottom of page 2. INSTRUCTIONS on who must				
	file th	RUCTIONS on who must is form and how to fill it out 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						
NA								
** *								
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
Bank of America (Home Mortage		5) POBOX 650070 DALLASTX TO						
John E. Hollady 5502 Cheshire Nr.))			
Some Cripinates								
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	Palmtreefa	irm		H C) 			
ADDRESS OF BUSINESS ENTITY	13100 Strin	1Felow		Ţ]			
PRINCIPAL BUSINESS ACTIVITY	field around	Dalms						
POSITION HELD WITH ENTITY	owner							
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes							
NATURE OF MY OWNERSHIP INTEREST	husbandwife	owners	ip					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required): DATE SIGNED (required):								
Patricia	A.		Collin	·				

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:

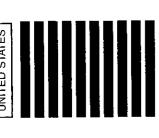
initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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.





BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888

Lillinghallandalhalahalahallalad