FORM 1	STATEMENT	ΓOF	2011					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	TERESTS						
LAST NAME - FIRST NAME - MIDDLE N	AMENT EDWARD	FOR OI USE OF	_ ,					
MATLING ADDRESS:	1100 Drive		, ID Gode					
NFort Myers F	33903 LEE							
LOCAL PLANNING	<u> </u>	ID No. Conf. Code P. Req. Code SS						
LPA MEMBER			Conf. Code					
NAME OF OFFICE OR POSITION HELD	DR SOUGHT ;		P. Req. Code					
You are not limited to the space on the lines	n this form. Attach additional sheets, if necessa	ary.	Š					
CHECK ONLY IF CANDIDATE OF	NEW EMPLOYEE OR APPOINTED	E						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA	WHETHER THIS STATEMENT IS FOR THE	TAX YEAR, WHETH PRECEDING TAX Y	ER BASED ON A CALENDAR YEAR OR ON					
MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS TI REQUIRES FEWER CALCULATIONS, OR	LE INTERESTS: HE OPTION OF USING REPORTING THE USING COMPARATIVE THRESHOLDS, WATE BELOW WHETHER THIS STATEMENT	RESHOLDS THAT A MHICH ARE USUALL REFLECTS EITHER	RE ABSOLUTE DOLLAR VALUES, WHICH Y BASED ON PERCENTAGE VALUES (see					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF SOURCE) SOURCE'S							
OF INCOME	ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
		EE FLA						
	ADDRESS	EE FLA	PRINCIPAL BUSINESS ACTIVITY Retirement Retirement					
State of FRORIDA PEN Social Socurity Natronov de Retvence	ADDRESS SION TOWN HASS	DC	PRINCIPAL BUSINESS ACTIVITY Refuge					
State of FIDRIDA PEN Social Socusty National de Returno Solutions	ADDRESS SION TALAHASS WASHINGTON COLUMBUS	DC	PRINCIPAL BUSINESS ACTIVITY Retirement Retirement					
State of FRORIDA PEN Social Socusts National de Retveurc Solutions PART B - SECONDARY SOURCES OF [Major customers, clients, and	ADDRESS SION TALAHASS WASHINGTON COLUMBUS	Otho	PRINCIPAL BUSINESS ACTIVITY Retirement Retirement IRA					
State of FRORIDA PEN Social Society National de Retveurc Solutions PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	ADDRESS SION TALLA HASS LOLUMBUS NCOME ther sources of income to businesses owned	Otho	PRINCIPAL BUSINESS ACTIVITY Retirement Retirement IRA					
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State of FRORIDA PEN SOCIAL SOCIATION NATIONAL DE RETVENICE SOLUTIONS PART B - SECONDARY SOURCES OF I [Major customers, clients, and of (If you have nothing to report) NAME OF BUSINESS ENTITY PART C - REAL PROPERTY [Land, build (If you have nothing to report,	ADDRESS SIDV TOWN HASS LUTSHINGTON COME ther sources of income to businesses owned, you must write "none" or "n/a") AME OF MAJOR SOURCES OF BUSINESS' INCOME	d by the reporting per ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY Refuged Refuged TRA son - See instructions p. 4] PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this form					

PART D — INTANGIBLE PERSONAL (If you have nothing to n				See instructions p. 5	,							
TYPE OF INTANGIBLE SAVINGS AZCOUNT SAVINGS AZCOUNT IRA		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES SUNTRUST I BERIA										
							Nationwide Retirement Solutions					
							PART E — LIABILITIES [Major debts (If you have nothing to re			'a")		
		NAME OF CREDITOR			Al	DDRESS OF CRED	ITOR					
none			···									
		<u> </u>										
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DART C. INTERCATO IN OCCUPIED	DUOINEGOES, IO.		in of h	inasaa Caa irat	audiana a El							
PART F — INTERESTS IN SPECIFIED (If you have nothing to rep	oort, you must write	"none" or "n/a")		· -	G13#1216						
	BUSINESS E		BUSINESS	ENTITY#2	BUSINESS ENTITY #3	<u> </u>						
NAME OF BUSINESS ENTITY	none	2				<u>5</u>						
ADDRESS OF BUSINESS ENTITY						Ä.						
PRINCIPAL BUSINESS ACTIVITY			-		<u> </u>	H						
POSITION HELD WITH ENTITY						- 8						
I OWN MORE THAN A 5%												
INTEREST IN THE BUSINESS NATURE OF MY												
OWNERSHIP INTEREST			····									
IF ANY OF PARTS A TH		CONTINUE										
SIGNATURE (require	DATE SIGNED (required):											
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100	FVL	ING INS	TRUCTIO	NS:								
WHAT TO FILE:		HERE TO F			N TO FILE:							
After completing all parts of this form, including If you signing and dating it, send back only the first on it		ou were mailed the form by the Commission Ethics or a County Supervisor of Elections for a rannual disclosure filing, return the form to the least the second specified state employee must be second specified. Initially, each local officer/employee, state of the second specified state employee must be second specified.										

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.

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.

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.