| FORM 1 | | STATEMENT OF | | | | 2011 | | |
|---|-------------|---|---------------------|--------------|---|---|------------|--|
| Please print or type your name, mailing address, agency name, and position belo | ₩. | FINANCIAL | INTERI | ESTS | | | | |
| LAST NAME - FIRST NAME - MIDDL DAVIDSON GAR | E NAME | R, | | FOR OF | | 一天 | | |
| MAILING ADDRESS: 2220 KENWOOD ISLE PR. | | | | | 1000 | ode | | |
| BONITA SPRINGS | , | ID No | | 12MAY29m 151 | | | | |
| NAME OF AGENCY: BROOKS OF BONIT NAME OF OFFICE OR POSITION HE BEAT #2 ON 130 | ARD | OF SUPERVIS | SORS | \bigvee | 7 | . Code | SDE LEE CO | |
| You are not limited to the space on the limited CHECK ONLY IF CANDIDATE | OR | s form. Attach additional sheets, NEW EMPLOYEE OR AF | | | | | genet | |
| **** 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: | | | | | | | | |
| MANNER OF CALCULATING REPORTABLE INTERESTS: 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 (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS 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 OF INCOME | | SOUF | SOURCE'S ADDRESS | | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| LIVING TRUST HARRIS PRIVATE | | BANK-53 SO.LINCOLN HINSDALE IL 60521 | | | MANAGET INVESTMENT ACT | | | |
| FED, SOCIAL SECURITY | | U.S. TREASURY-WASHINGTON DC. 901 Warrenvowe Rd. LISVE, 1L. 60532 | | | SOCIAL SECURITY | | | |
| KOYAL ALLIANCE ASSIN | | TO I WALLEN BITE W | <u> </u> | المراسين | | | | |
| 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") | | | | | | | | |
| | | E OF MAJOR SOURCES ADDRESS BUSINESS' INCOME OF SOURCE | | | | PRINCIPAL ACTIVITY O | | |
| NONE | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions person | | | | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. | | | |
| 1001015 | | | | | INST | RUCTIONS on vis form and how to | who must | |
| | | | | | OTHE | ER 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 INTANGIB | LE | BUSINESS ENTITY TO WHICH THE PROPERTY PER 1995 | | | | | | |
| BNHY AS NOT | FD | | | | | | | |
| ON PART B | before | | | | | | | |
| | | | | | | | | |
| 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 | | | | | | | | |
| NAME OF CREDIT | OR | ADDRESS OF CREDITOR | | | | | | |
| NONE | | | ¥ | | | | | |
| | | | ជា | | | | | |
| | | | | | | | | |
| PART F — INTERESTS IN SPECIFIC | ED BUSINESSES [Ownership or positi report, you must write "none" or "n/a" BUSINESS ENTITY # 1 | ons in certain types of businesses - See ins BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | | | | | |
| NAME OF BUSINESS ENTITY | | | | | | | | |
| 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 | <i>t</i> | | | | | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | | | | |
| SIGNATURE (required): DATE SIGNED (required): | | | | | | | | |
| Hary R. Javidso 5/28/2012 | | | | | | | | |
| FILING INSTRUCTIONS: | | | | | | | | |
| WHAT TO FILE: | | VHERE TO FILE: WHEN 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.

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.

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 teaving 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.