FORM 1	STATEMENT OF				2011		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S				
LAST NAME FIRST NAME MIDDLE N. DESA HS A MAILING ADDRESS: 9216 Indepen		OFFICE ONLY:		.12JU			
CITY: Fort Myths 33913 CEL-  NAME OF AGENCY:  COLONIAL CDD.  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  CHAIR MAW  You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.			ID I	of. Code	12JUN139M 933SOE LEE (0F1		
	CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
**** 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:  WANNER 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 INCOM	E [Major sources of income to the						
NAME OF SOURCE OF INCOME MORGAN STANK	(If you have nothing to report, you must write "none" or "n/a")  NAME OF SOURCE OF INCOME ADDRESS  OVE GAW STANLEY NYC		Diu	SCRIPTION OF THI RINCIPAL BUSINES I TWH.	SACTIVITY 95%		
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   NA	ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE					
PART C REAL PROPERTY [Land, buildir (If you have nothing to report, y	ou must write "none" or "n/a")	- See instructions p. 4]	when are local a	IG INSTRUCTION and where to file cated at the botto RUCTIONS on is form and how to on page 3. ER FORMS you are described or	this form om of page 2. who must to fill it out		

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	<b>.</b>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stocks, Re	ands mor	MORGAN STANJOY			
Stocks	F	Fifelite			
		actiff.			
			·		
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			
NONE		NONE.			
			<u></u>		
			<u> </u>		
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			9		
ADDRESS OF BUSINESS ENTITY			<del> </del>		
PRINCIPAL BUSINESS ACTIVITY	ant.		<del>-                                    </del>		
POSITION HELD WITH ENTITY	Por		E C		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			FI		
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):			
atenô (	ef S	6/11/1	/		
FILING INSTRUCTIONS:					

#### 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.

#### 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, sta officer, and specified state employee mu file within 30 days of the date of his or h appointment or of the beginning of employme Appointees who must be confirmed by the Sena must file prior to confirmation, even if that is le than 30 days from the date of their appointme

Candidates for publicly-elected local office mu file at the same time they file their qualifying papers.

Thereafter, local officers/employees, sta officers, and specified state employees required to file by July 1st following each calend year in which they hold their positions.

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment. However, fill a CE Form 1F (Final Statement of Finand Interests) does not relieve the filer of filing CE Form 1 if he or she was in their position December 31, 2011.

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")				
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Stocks	Fi	Fidelity		
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NON	NONE NONE			
		_		
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ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	ONE	H		
POSITION HELD WITH ENTITY	Por	EE Q		
OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u> </u>		
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):		
aterio P	AS.	6/11/12		
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Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

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

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