FORM 1	STATEM	ENT OF	2011		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS			
LAST NAME FIRST NAME MIDDLE N	AME :	FOR OFF	FICE		
Dowdal Leslie	Carl	USE ONL	.Y:		
MAILING ADDRESS :			/		
27791 marco dri	·ve		1 IDCode		
Bonita Springs Aq.		ID No.			
NAME OF AGENCY :			Conf. Code		
chambill /city	5				
NAME OF OFFICE OR POSITION HELD		P. Req. Code			
In spector					
You are not limited to the space on the lines	on this form. Attach additional sheets,	, if necessary.	<u>ක</u>		
CHECK ONLY IF CANDIDATE O	R NEW EMPLOYEE OR A	PPOINTEE	P. Req. Code		
**** BOTH	PARTS OF THIS SECT	ION MUST BE COME			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW	ANCIAL INTERESTS FOR THE PRI	ECEDING TAX YEAR, WHETHE	ER BASED ON A CALENDAR YEAR OR ONT CAR ENDING EITHER (must check one):		
DECEMBER 31, 2011		IAX YEAK IF UTHER THAN TH	E CALENDAR TEAR.		
REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE S	THE OPTION OF USING REPORT R USING COMPARATIVE THRESH	HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER			
COMPARATIVE (PERCENTAGE) T			LUE THRESHOLDS		
PART A PRIMARY SOURCES OF INC (If you have nothing to repor	OME [Major sources of income to the transport of transport of the transport of the transport of transport of the transport of transpor		tions p. 4]		
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Chambill			Inspection / Plans Review		
WOIFE 3 BOB 5722 & Fla		ingo Ad	flumbing contractor		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	INCOME other sources of income to busines rt , you must write "none" or "n/a"	ses owned by the reporting pers	on - See instructions p. 4]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
2//1/		·			
 					
DART C. DEAL PROPERTY II and built		- Con instructions - 41			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions (If you have nothing to report, you must write "none" or "n/a")			when and where to file this form		
Home - 27791 m	arco dr Bonita	Springs, Fla	are located at the bottom of page 2.		
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
			, , -		
3334			OTHER FORMS you may need to file are described on page 6.		

PART D INTANGIBLE PERSONA (If you have nothing to	AL PROPERTY [Storeport, you must	ocks, bonds, certifica write "none" or "n/	tes of deposit, etc See instructions p. a")	5]			
TYPE OF INTANGIBLE		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NIA							
		- 					
PART E — LIABILITIES [Major det (If you have nothing to NAME OF CREDIT	report, you must	s p. 5] write "none" or "n/s	a") ADDRESS OF CRE	DITOR	· ·		
			, , , , , , , , , , , , , , , , , , , ,				
sun coast FCU							
					23		
PART F — INTERESTS IN SPECIFIE (If you have nothing to r	eport, you must w	Ownership or positio rite "none" or "n/a") SS ENTITY # 1	ns in certain types of businesses - See in BUSINESS ENTITY # 2	nstructions p. 5] BUSINESS ENTITY # 3	_5 RM1143 SDE LEE		
NAME OF BUSINESS ENTITY	N/A				439		
ADDRESS OF BUSINESS ENTITY					E		
PRINCIPAL BUSINESS ACTIVITY					O PRI		
POSITION HELD WITH ENTITY					77		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A	THROUGH F A	RE CONTINUE	ON A SEPARATE SHEET, PL	EASE CHECK HERE 🔲			
SIGNATURE (required): DATE SIGNED (required):							
Lesti a Doudles 7-2-12							

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

Bonita Springs, Fla.
34135

L. Doudal

Lee County Supervisor of Elections

2480 Thompson St:

Fort myers, Fla. 33702

