FORM I		STATEN	2011					
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIA	LINTERI	ESTS			,	
LAST NAME FIRST NAME MIDDI DURANT JUDI MAILING ADDRESS:	TH	AhM		FOR OF USE ON	-	J	7121	
19740 Gottan						ode	님	
North Fort Myers	<u> 3</u>	3917 L				1/	12JUL31PM 4 40 SOE	
North Fort Myers CITY: Lee County Visi NAME OF AGENCY:	tot.	+ (onvention /	Bureau		ID N	lo. V		
Visitor Services Director					Con	f. Code	LE OF	
NAME OF OFFICE OR POSITION HE					₽.R	eq. Code	<u>"T]</u>	
You are not limited to the space on the li CHECK ONLY IF CANDIDATE	nes on th	is form. Attach additional sheet	· ·				2011 PDF Form 1	
**** BOT DISCLOSURE PERIOD:	H PAI	RTS OF THIS SEC	TION MUST BE	COM	PLET	ED ****		
THIS STATEMENT REFLECTS YOUR A FISCAL YEAR, PLEASE STATE BELL DECEMBER 31, 2011	HW WO.	ETHER THIS STATEMENT IS	S FOR THE PRECEDI	NG TAX Y	EAR EN	DING EITHER (r	IDAR YEAR OR ON nust check one):	
DECEMBER 31, 2011 MANNER OF CALCULATING REPOR			TAX YEAR IF OTHER	R THAN TI	HE CALE	NDAR YEAR:		
THE LEGISLATURE ALLOWS FILER. REQUIRES FEWER CALCULATIONS, instructions for further details). PLEAS	S THE (OPTION OF USING REPORTING COMPARATIVE THRES	HOLDS, WHICH ARE	E USUALL'	Y BASED	ON PERCENT	R VALUES, WHICH FAGE VALUES (see	
COMPARATIVE (PERCENTAGE) THRE	SHOLDS <u>OR</u>	_ 0	OLLAR V	ALUE TH	RESHOLDS		
PART A PRIMARY SOURCES OF I		[Major sources of income to must write "none" or "n/a"		See instru	ctions p.	4]	,	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Lec(ounty Visitor + Convention Burera		Z201 Second St, Ste 600 Forthyers FL 33901			tourism marketing			
		Forthyers FL 33901			of Lee County			
			-			,		
PART B - SECONDARY SOURCES	OF INCO	ME						
[Major customers, clients, a	and other	sources of income to busine ou must write "none" or "n/a	sses owned by the rep a")	orting per	son - See	instructions p. 4	4]	
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME		DRESS SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Nonc								
	ouildings oort, you	owned by the reporting person must write "none" or "n/a"	on - See instructions p.	. 4]	when	IG INSTRUC	file this form	
Nou							ottom of page 2.	
333333333333333333333333333333333333333					file thi	RUCTIONS is form and ho on page 3.	on who must ow to fill it out	
						ER FORMS	you may need on page 6.	

PART D — INTANGIBLE PERSONA (If you have nothing to			ates of deposit, etc See instructions (a*)	s p. 5]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Nove							
		-					
PART E — LIABILITIES [Major deb (If you have nothing to			a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
Suycoast Federal Crafit Union		-Tampa, FL					
			4				
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
PART F — INTERESTS IN SPECIFIE (If you have nothing to re	eport, you must write	wnership or positio e "none" or "n/a") ENTITY # 1	ns in certain types of businesses - Sec BUSINESS ENTITY # 2	e instructions p. 5] BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	Nove						
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							
IF ANY OF PARTS A T	HROUGH F ARE	CONTINUED	ON A SEPARATE SHEET, P	PLEASE CHECK HERE			
SIGNATURE (required): DATE SIGNED (required):							
7/30/12							
FILING INSTRUCTIONS:							
WHAT 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 filling.

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.

ISONTRIALY FOR PROPERTIES COLI

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.

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

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