| FORM 1 | | STATEM | MENT OF | | | | 2011 | | |
|--|--|---|--------------------------|-----------------------|----------|---|--------------------------|--|--|
| Please print or type your name, mailing address, agency name, and position belo | ow: F | FINANCIAL | _ INTERF | ESTS | | | | | |
| LAST NAME FIRST NAME MIDD Perre I Ton | DLE NAME: | | | FOR OFFIC USE ONLY | | | | | |
| MAILING ADDRESS: | | | | ; | <u></u> | | | | |
| | | | | | ID Co | ode | H27. | | |
| CITY: F4 Myers NAME OF AGENCY! | ZIP : FU | COUNTY: | Lee | | ID No | o. | 12FEB17m1240 SDE Lee CoF | | |
| Lee County Itis | Board | | | f. Code | 240 SD | | | | |
| Board Meur) | rev | | | | P. Ke | eq. Code | | | |
| You are not limited to the space on the li CHECK ONLY IF CANDIDATE | ines on this fo | form. Attach additional sheets NEW EMPLOYEE OR A | | | | | - F | | |
| **** 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: 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 I | NCOME [Ma | | the reporting person - S | | | | <u> </u> | | |
| NAME OF SOURCE OF INCOME | \perp | | JRCE'S DRESS | | | SCRIPTION OF THE RINCIPAL BUSINES | | | |
| Self Employeet | | PO 180x 607, F | 7 myers Fr: | 33902 / | Arch | i tecture, 1 | Art, | | |
| | | · · · · · · · · · · · · · · · · · · · | | _ 5 | afe | Cycling 1 | nstructor | | |
| | | | | _ | | | | | |
| 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 BUSINESS ENTITY | OF BU | OF MAJOR SOURCES USINESS' INCOME | ADDRE OF SOUR | | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| Michael Hedgepeth LCC | | irles Steger, Pres. | 209 Cork or | | | Anchi tect | ひんち | | |
| | VP) + | rsu | Blacks hung VA | 1 2406 | 0 | | | | |
| | PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p (If you have nothing to report, you must write "none" or "n/a") | | | | | when and where to file this form are located at the bottom of page 2. | | | |
| | | | | fi | ile this | RUCTIONS on s form and how (on page 3. | | | |
| | | | | | | R FORMS you are described on | | | |

| 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 | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | | |
| NA | | | | | | | | | |
| -(11 | | | | | | | | | |
| - 1137A-944 | | | | | | | | | |
| 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 | | | | | | | |
| NA | | | | 벋 | | | | | |
| | 77 74 122 40 | | | | | | | | |
| / 17 mm | | | • | 20 20 | | | | | |
| 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 # 2 BUSINESS ENTITY # 2 | | | | | | | | | |
| NAME OF BUSINESS ENTITY | NA | | | 1 | | | | | |
| 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 THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | | | | | |
| SIGNATURE (required): | | | DATE SIGNED (required): | | | | | | |
| Pain lu Fo | | | 17 Feb 2012 | | | | | | |

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, sta officer, and specified state employee mu file *within 30 days* of the date of his or happointment or of the beginning of employmer Appointees who must be confirmed by the Sena must file prior to confirmation, even if that is let than 30 days from the date of their appointmer

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

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

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