FORM 1	STATEM	IENT OF		2011	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	3	,	
LAST NAME - FIRST NAME - MIDDLEN F(72GERAL)	JALS PATRICK	FOR OF USE ON		M21.	
MAILING ADDRESS: 13100 SOUTH AMPTO	N DRNE			/ 	
,			ID Code	*1241	
BONTA SPUNGS	E	ID No.	Ä		
NAME OF AGENCY:	DERICT	Conf. Code	12MAY29PM1241 SOE LEE CO F1		
NAME OF OFFICE OR POSITION HELD OF COMM 15510NE	ŕ	P. Reg Code			
You are not limited to the space on the lines of CHECK ONLY IF		•	V		
**** BOTH P	ARTS OF THIS SECT	ION MUST BE COM	PLETED ****		
THIS STATEMENT REFLECTS YOUR FINAL A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011	WHETHER THIS STATEMENT IS	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX YI TAX YEAR IF OTHER THAN TH	EAR ENDING EITHER (	NDAR YEAR OR ON must check one):	
MANNER OF CALCULATING REPORTABL THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE STA	E OPTION OF USING REPORTUSING COMPARATIVE THRESH	IOLDS, WHICH ARE USUALLY	Y BASED ON PERCEN	R VALUES, WHICH TAGE VALUES (see	
COMPARATIVE (PERCENTAGE) TH		$\sim$	ALUE THRESHOLDS		
PART A - PRIMARY SOURCES OF INCOM (If you have nothing to report,	ME [Major sources of income to the you must write "none" or "n/a")	ne reporting person - See instruc	ctions p. 4]		
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
VYC FD PENSION	NYCHY NY	/	FINSION		
SOCIAL SECURITY	WASNING TON	De	PENSION		
KAYMOND JAMBS BLOKE	MANCETON N	-/	NVESTMENTS		
LIYWAAD JOHIS BUK	MAPLES, FLA	7	INVESTME	NTS	
PART B SECONDARY SOURCES OF IN [Major customers, clients, and ot (If you have nothing to report)	COME her sources of income to business you must write "none" or "n/a"	ses owned by the reporting pers	son - See instructions p.	4]	
NAME OF NA BUSINESS ENTITY					
NMA SHOS K) EL	ETED OFICER	BONITA SPIGS	571PB	NA	
DART C. DEAL PROPERTY III					
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")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
OULD THE PARTY OF	K KONTA OF	19 HOME			
3416 W 10 LAND, PA	MENTO PL TO	WAOUSE)	INSTRUCTIONS file this form and he begin on page 3.		
	930		OTHER FORMS to file are described		

		<u></u>				
PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you m			ctions p. 5]			
TYPE OF INTANGIBLE	1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
DONGERG AMOUNT (V)	PELSON	PELSONOL INVESTIBLYTS				
(1) RAYMOND JAMES -ALINCE TON NO						
	(X) EM	TOUTS NOALL	5, FL			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, you mit	ctions p. 5]	· · · · · · · · · · · · · · · · · · ·				
NAME OF CREDITOR	NAME OF CREDITOR ADDRESS OF CREDITOR					
Wellsago-motgage	) DANVIR.	COLORASO				
0 /1/						
00		· · · · · · · · · · · · · · · · · · ·				
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			200			
ADDRESS OF BUSINESS ENTITY			(29 <sub>Pl</sub>			
PRINCIPAL BUSINESS ACTIVITY			124			
POSITION HELD WITH ENTITY			ES I			
I OWN MORE THAN A 5% INTEREST IN THE BUSINES8			]			
NATURE OF MY OWNERSHIP INTEREST			OF			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required):						
Edward De Sealed 5/26/2012						
/\ FILING INSTRUCTIONS:						
		WHEN TO FILE: عبر				
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 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.		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.			

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.

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.

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.



LENE WAY COURSE

Supervisor of Elections Fort Myers, FL 33902 P.O. Box 2545 Sharon L. Harrington 

