FORM 1	2011						
Please print or type your name, mailing address, agency name, and position be	FINANCIA	L INTERESTS	S				
MAILING ADDRESS :	chael Lewi	S FOR 0 USE 0	NLY:				
2/06 West Ge North Fort M	Nyens FL. 33917 ZIP: COUNTY:	Lee	ID Code 9				
		ID No. 25 SOE					
North FORT Mye NAME OF OFFICE OR POSITION HE Fire Commisie You are not limited to the space on the l	Conf. Code						
CHECK ONLY IF 🔲 CANDIDATE	CHECK ONLY IF CANDIDATE OR POINTEE						
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:   MANNER OF CALCULATING REPORTABLE INTERESTS: 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 INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF SOURCE			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
USI (Galewood Gla	s) 4551 Cammins	Ct Ft Myas fc 33905	Mechanic/Woldor / Install.				
	OF INCOME and other sources of income to busin port , you must write "none" or "r NAME OF MAJOR SOURCES OF BUSINESS' INCOME		rson - See instructions p. 4] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
	N/A						
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (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.				
2106 West Gardenia CR. N.Ft. Myms FL 33917			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
			OTHER FORMS you may need to file are described on page 6.				

PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, you)	TY [Stocks, bonds, certificates of must write "none" or "n/a")	deposit, etc See	instructions p.	5]				
TYPE OF INTANGIBLE	BUt	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
Wells Forgo	Checking	Checking + Savings Accounts						
The Vanguard Group.	IRAS							
New York Life	IRAS /	40115						
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, you have nothing to report, you have nothing to report.								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
Wells fargo	Po Box o	660930	Pallas	<u>Тх.</u>	75266			
PART F — INTERESTS IN SPECIFIED BUSINESS	FS (Ownershin or positions in c	ertain types of busir	esses - See in:		n 51			
(If you have nothing to report, you m		ite "none" or "n/a")			USINESS ENTITY # 3			
NAME OF BUSINESS ENTITY								
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY	/							
POSITION HELD WITH ENTITY	N/A							
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, PLE	ASE CI				
SIGNATURE (required):/		DATE S	SIGNED	(requ	ired):			
Michael Mater 3/29/2012								
	FILING INSTR	UCTION	<u>S:</u>					
WHAT TO FILE:	WHERE TO FILE:	-		EN TO				
After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Supe	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.		<i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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).	of Elections of the county in w reside. (If you do not pe	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.)		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. <b>Candidates</b> for publicly-elected local office must				
	where your agency has its			file at the same time they file their qualifying				
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	file with the Commission of 15709, Tallahassee, FL 3 address: 3600 Maclay Bor	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.		papers. <b>Thereafter</b> , 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.

Facsimiles will not be accepted.

Candidates file this form together with their

To determine what category your position falls

under, see the "Who Must File" Instructions on

qualifying papers.

page 3.

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.