FORM 1		STATEM	IENT OF		2011		
Please print or type your name, mailing address, agency name, and position be		FINANCIAL	INTERESTS	5 [			
LAST NAME - FIRST NAME MIDI () OO DER HAM, K MAILING ADDRESS: 5460 BEAUSOLAI	ATHR	YN LEIGH	FOR O USE O	NLY:	121 N 6		
FORT MYERS CITY: I NAME OF AGENCY: $\angle \underline{F} \in \underline{COUNTY}$ ; $\underline{DA}$ NAME OF OFFICE OR POSITION F <u>MEMBER</u> You are not limited to the space on the CHECK ONLY IF $\Box$ CANDIDATE	lines on thi	ዓ උ OUGHT :	s, if necessary.				
**** BO DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 20 MANNER OF CALCULATING REPOI THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAGE	R FINANCI ELOW WHI I1 <u>(</u> RTABLE II RS THE ( S, OR USI GE STATE	AL INTERESTS FOR THE PR ETHER THIS STATEMENT IS <u>OR</u> SPECIFY <b>TERESTS:</b> OPTION OF USING REPOR ING COMPARATIVE THRESP BELOW WHETHER THIS ST	FOR THE PRECEDING TAX YEAR IF OTHER THAN T TING THRESHOLDS THAT A HOLDS, WHICH ARE USUAL ATEMENT REFLECTS EITHER	HER BASI YEAR ENI THE CALE ARE ABSI LY BASEI R (must c	ED ON A CALENDAR YEAR OR ON DING EITHER (must check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see		
PART A PRIMARY SOURCES OF (If you have nothing to r NAME OF SOURCE		must write "none" or "n/a")			4] SCRIPTION OF THE SOURCE'S		
OF INCOME		ADDRESS 5460 BEAUJOL AIS LANE			RINCIPAL BUSINESS ACTIVITY		
GOODERHAM & ASSOCIATES, INC. FONT MYERS, FL		FORT MYERS, F.L	339/19		RELATIONS		
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		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
AM SHORE & BEACH PRESERVATION ASS N.	CONFERENCES, JOURNALS DEMBERSHIP		FORT MYERS FL		NON PLOFIT, COASTAL ISSUES		
CAPTINA ISLAND PROPERTY OWNERS ASSN	MEMBERSHIP & DOWATIONS		CAPTIVA, FL		COMMUNITY ISSUES		
PART C REAL PROPERTY [Land (If you have nothing to re NONE		owned by the reporting person must write "none" or "n/a")		when are lo	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.		
				file th begin	RUCTIONS on who must is form and how to fill it out on page 3.		
					ER FORMS you may need are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPER (If you have nothing to report, you	TY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] must write "none" or "n/a")
	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
CHECKING SAVINGS SEP, O	
SIMPLE PLAN	AMERICAN FUNDS SERVICE COMPANY
PART E — LIABILITIES [Major debts - See inst	ructions p. 5]
(If you have nothing to report, you	
	ADDRESS OF CREDITOR
WELLS FARGO HOME MORTG	NGE P.O. BOX 10335 DES MOINES IN 50306
	SES [Ownership or positions in certain types of businesses - See instructions p. 5]
(If you have nothing to report, you m BU	ust write "none" or "n/a") ISINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3
<u></u>	
ADDRESS OF BUSINESS ENTITY	·σ
PRINCIPAL BUSINESS ACTIVITY	<u>_</u>
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	<u> </u>
I OWN MORE THAN A 5%	<u>M</u>
INTEREST IN THE BUSINESS	
	I F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE (required):	DATE SIGNED (required):
Statturn / Soc	deikan 6/4/12
	1 1 1 -
1	FILING INSTRUCTIONS:
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:
After completing all parts of this form, including signing and dating it, send back only the first	on Ethics or a County Supervisor of Elections for officer, and specified state employee mu
sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to that location. file within 30 days of the date of his or his 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	Local officers/employees file with the Supervisor
section(s).	reside. (If you do not permanently reside in than 30 days from the date of their appointmer
NOTE:	Florida, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees Candidates for publicly-elected local office mu file at the same time they file their qualifying papers.
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 on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201 Tallahassee, FL 32312. 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.
candidate who previously filed Form 1 because of another public position must at least file a copy of	<b>Candidates</b> file this form together with their <b>Finally</b> , at the end of office or employment
his or her original Form 1 when qualifying.	qualifying papers. To determine what category your position falls under, see the "Who Must File" instructions on page 3. each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment. However, fili a CE Form 1F (Final Statement of Financ Interests) does <u>not</u> relieve the filer of filing

Facsimiles will not be accepted.

CE FORM 1 - Effective: January 1, 2012. Refer to Rule 34-8.202 (1), F.A.C.

CE Form 1 if he or she was in their position

December 31, 2011.

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you mi			uctions p. 5]			
TYPE OF INTANGIBLE	1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES BANK OF AMERICA				
CHECKING SAVINGS SEP, CI	) BANK C					
SIMPLE PLAN			ERVICE COMPANY			
PART E — LIABILITIES [Major debts - See instruc			والتكرير بغاكم فكالمتكار متكالب مستنتهي بمر			
(If you have nothing to report, you mu	ist write "none" or "n/a"					
NAME OF CREDITOR	<u> </u>	ADDRESS OF CREDITOR				
WELLS FARGO HOME MORTGA	EF P.O. BOX	10335 DES.	MOINES IA 50306			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, you mus		in certain types of businesse	s - See instructions p. 5]			
	NESS ENTITY # 1	BUSINESS ENTITY #	# 2 BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	A		2.104			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY			<u> </u>			
I OWN MORE THAN A 5%		<u></u>	l m			
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F		ON A SEPARATE SHE				
SIGNATURE (required):			NED (required):			
	- A	GATESIG	NED (requireq).			
Jathur Laca	Leikan	-141.	12			
	TT THE THE	TTATIANIC.				
WHAT TO FILE:	<u>FILING INS</u> WHERE TO FIL	<u><b>FRUCTIONS:</b></u>	WHEN TO FILE:			
After completing all parts of this form, including	If you were mailed the	form by the Commission	Initially, each local officer/employee, state			
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County S	Supervisor of Elections for e filing, return the form to	officer, and specified state employee mu file within 30 days of the date of his or h			
If you have nothing to report in a particular	that location.		appointment or of the beginning of employme			
section, you must write "none" or "n/a" in that		ocal officers/employees file with the Supervisor Elections of the county in which they permanently				
section(s).	reside. (If you do no	bt permanently reside in Supervisor of the county	than 30 days from the date of their appointment. <b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying			
NOTE:	where your agency has	s its headquarters.)				
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a		ate officers or specified state employees <sup>papers.</sup> with the Commission on Ethics, P.O. Drawer <b>Thereafter</b> , local officers/employees, s				
calendar or fiscal year is not required to file a		<sup>r</sup> L 32317-5709; physical Boulevard, South, Suite	officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.			
second Form 1 for the same year. However, a candidate who previously filed Form 1 because of	201, Tallahassee, FL 3	2312.				
another public position must at least file a copy of his or her original Form 1 when qualifying.	Candidates file this a qualifying papers.	form together with their	Finally, at the end of office or employment each local officer/employee, state officer, and			

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

## PAGE 2

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.

Gooderham & Associates, Inc. 5460 Beaujolais Lane Fort Myers, FL 33919

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

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