| FORM 1 | STATEM | | 20 | | 2011 |
|--|---|--|-----------------------|---|---------------------------------------|
| Please print or type your name, mailing address, agency name, and position below | | INTERES | N. | J | / |
| LAST NAME FIRST NAME MIDDL | | FÒR O | | | • |
| Green Way | ne Phillip | USE O | NLY: | 1 | |
| MAILING ADDRESS : | | | | | |
| 907 SE 19th Lane | | | | X _ | <u></u> |
| | | | I ID C | ode | izuuncen 9 |
| CITY: | CITY: ZIP: COUNTY: | | | ·_ | 9 |
| Cape Coral | Cape Coral 33990 Lee | | | 0. | 1 9 |
| NAME OF AGENCY : | | | | | 189 <u>F</u> |
| Estero Fire Rescue | | | Cont | f. Code | 9 |
| NAME OF OFFICE OR POSITION HEI | D OR SOUGHT : | | P. Re | eq. Code | 11 |
| Estero Fire Rescue 175 Pensi | on Board Member | | | | Ħ |
| You are not limited to the space on the lim | as on this form. Attach additional shoets, | if necessary. | | | |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OR AP | PPOINTEE | | ···_ | [] |
| **** BOTI DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2011 | OW WHETHER THIS STATEMENT IS F | ECEDING TAX YEAR, WHETH | IER BASE EAR END | ED ON A CALENE DING EITHER (ma | |
| MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE | THE OPTION OF USING REPORTI OR USING COMPARATIVE THRESHO STATE BELOW WHETHER THIS STATE | OLDS, WHICH ARE USUALL TEMENT REFLECTS EITHER | Y BASED R (must ch | ON PERCENTA | VALUES, WHICH AGE VALUES (see |
| PART A - PRIMARY SOURCES OF IN | | e reporting person - See instru | ıctions p. 4 | 4] | |
| (If you have nothing to rep | ort, you must write "none" or "n/a") | | | | |
| NAME OF SOURCE OF INCOME | SOUR ADDR | ress | | SCRIPTION OF T | |
| Estero Fire Rescue- Payro | ll 21500 Three Oaks Pl | kwy Estero Fl 33928 | · | Local Gove | rnment |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | | | | | |
| | | - | | | |
| | F INCOME nd other sources of income to business ort , you must write "none" or "n/a") | | son - See | instructions p. 4] | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | j | | PAL BUSINESS Y OF SOURCE |
| None | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| | | | | | · |
| | uildings owned by the reporting person ort, you must write "none" or "n/a") | - See instructions p. 4} | when a | G INSTRUC and where to fi cated at the bo | |
| None | | | | RUCTIONS o | |
| | | | begin | on page 3. | İ |
| | | | OTHE | R FORMS years described | ou may need |

| PART D — INTANGIBLE PERSONAL (If you have nothing to n | | | ficates of deposit, etc See instructions p "n/a") | . 5] | | |
|--|---|---|--|---------------------------------------|--|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| None | | · | | | | |
| | | | · | | | |
| | | | | | | |
| PART E — LIABILITIES [Major debts (If you have nothing to n | | | "n/a") | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
| Bank of America - Home Mortgage | | Bank of America Home Loans PO Box 650070 Dallas TX 75265-0070 whership or positions in certain types of businesses - See instructions p. 5] b "none" or "n/a") ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 | | | | |
| | | | | | | |
| | | | | <u> </u> | | |
| PART F — INTERESTS IN SPECIFIED (If you have nothing to rep | BUSINESSES (Over the control of the | none" or "n/ | tions in certain types of businesses - See in a") BUSINESS ENTITY #2 | nstructions p. 5] BUSINESS ENTITY # 3 | | |
| NAME OF BUSINESS ENTITY | None | | | | | |
| ADDRESS OF BUSINESS ENTITY | None | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | None | | | | | |
| POSITION HELD WITH ENTITY | None | | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | None | | | | | |
| NATURE OF MY OWNERSHIP INTEREST | None | | | | | |
| IF ANY OF PARTS A TH | IROUGH F ARE | CONTINUE | D ON A SEPARATE SHEET, PLI | EASE CHECK HERE | | |
| SIGNATURE (require | <u>d):</u> | | DATE SIGNED | (required): | | |
| Thelly of Gran June 25, 2012 | | | | | | |

WHAT TO FILE:

After completing all parts of this form, <u>including</u> 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, 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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.