FORM 1	STATEM	IENT OF	2011		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5 /		
	e: 9m - FRANK	FOR OI USE OI	<i>*</i>		
MAILING ADDRESS: 5456 PARKER	DRIVE		I ID Code		
FORT MYERS 3		£	\ \		
NAME OF AGENCY: CONSERVATION LAN	· Annusia		Conf. Code P. Req. Code		
NAME OF OFFICE OR POSITION HELD OR	<u>ID 170QUISITI</u> 300GHT STEWARDS ADVISORY O	SHIP	P. Req. Code		
You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR		, if necessary.	17 O		
DISCLOSURE PERIOD:	RTS OF THIS SECT				
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 I THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR US instructions for further details). PLEASE STATE	INTERESTS: OPTION OF USING REPORT	TING THRESHOLDS THAT A HOLDS, WHICH ARE USUALL	RE ABSOLUTE DOLLAR VALUES, WHICH Y BASED ON PERCENTAGE VALUES (see		
COMPARATIVE (PERCENTAGE) THRE			ALUE 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 OF INCOME	ADDF	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
STATE OF FLA-DIVISION 2639 MONROEST BLOGG KETIREMENT OF RETIREMENT TALLAHASSEE, FL 37.399 PENSON					
SOCIAL SECURITY		ENTER PLAZA	SOCIAL SECORITY		
ADMIN	JAMAICA.	NY11432	BENEFITS		
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")					
	E OF MAJOR SOURCES F BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NATURAL CONTEXT /TI	TSON BABCOCK	4500 PGA E	LUD. DEVELOPER		
	226	Parm BEAC	H334/8'		
PART C REAL PROPERTY II and buildings					
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")					
(If you have nothing to report, you	u must write "none" or "n/a")		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
(If you have nothing to report, you	o owned by the reporting person unust write "none" or "n/a")  UNRECORDED  THE EAST 1/2		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.  INSTRUCTIONS on who must		
(If you have nothing to report, you	u must write "none" or "n/a")  UNRECORDED		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		

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	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
IRA	LP	L FINANCIAL	FINANCIAL			
IRA LPL FINANCIAL ANNUTTY, MOTUAL LPL FINANCIAL						
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						
			<del></del>			
			<del></del>			
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 # 3						
NAME OF BUSINESS ENTITY	NA		<u> </u>			
ADDRESS OF BUSINESS ENTITY	7		13			
PRINCIPAL BUSINESS ACTIVITY			ω ω			
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST			8			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):  DATE SIGNED (required):						
Millain Glenemed - 8/10/2012						

### 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, 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

## William F. Hammond Ph.D.

5456 Parker Drive Ft. Myers, Florida 33919

August 10, 2012 Sharon L Harrington, Supervisor of Elections, Lee County P.O. Box 2545 Ft. Myers, FL 333902-2545

Dear Supervisor Harrington:

I just received the Notice of Delinquency, Form 1 Statement of Financial Interest for 2011 forwarded to me in North Carolina. I have been out of the country in British Columbia Canada and out of state engaged in both work and vacation.

I did not receive your original packet of forms mailed in May as they were not forwarded to British Columbia where I was engaged from mid May to late June. I did get the follow-up mailing and notice of delinquency forwarded to me in North Carolina this past week. I arrived home in Ft. Myers yesterday afternoon to attend the CLASAC Committee I have served on since its inception.

I am mailing my completed forms today August 10, 2012 with my financial disclosure for 2011.

Thank you for your assistance and service.

Respectfully,

William F. Hammond Ph.D.

Phone: (239) 481 4676



SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545



