FORM 1	STATEM	ENT OF	2011				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDDLE N	JAME :	FOR OFFIC	1				
MAILING ADDRESS:	·	USE ONLY:	· /				
211 58 ZZnd St		i					
			ID Code				
	33990 Lee ZIP: COUNTY:		12.JUN 6.78				
Lee County BO)(C		ID No. 05				
NAME OF AGENCY:			Conf. Code				
NAME OF OFFICE OR POSITION HELD O	OR SOUGHT :		Conf. Code QG				
	= 						
You are not limited to the space on the lines of	•		ECOF				
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE OR AF	PPOINTEE	Ţ				
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: 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: 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):							
PART A PRIMARY SOURCES OF INCO	ME [Major sources of income to the	ne reporting person - See instruction	JE THRESHOLDS ons p. 4]				
	, you must write "none" or "n/a")		· ·				
NAME OF SOURCE OF INCOME	I	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
N/A							
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 N BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
Ν/Δ							
	lings owned by the reporting person you must write "none" or "n/a")		FILING INSTRUCTIONS for when and where to file this form re located at the bottom of page 2.				
N/A		fil be	NSTRUCTIONS on who must ile this form and how to fill it out egin on page 3.				
			OTHER FORMS you may need of file are described on page 6.				

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 PROPERTY RELATES				
N/A						
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		l	ADDRESS OF CREDITOR			
N/A						
··						
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			<u> </u>			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		. <u> </u>				
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required):						
DI I) IN I			6-4-12			

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, start officer, and specified state employee mustile within 30 days of the date of his or happointment or of the beginning of employment Appointees who must be confirmed by the Senamust file prior to confirmation, even if that is let than 30 days from the date of their appointment.

Candidates for publicly-elected local office multifile at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees a required to file by July 1st following each calend year in which they hold their positions.

Finally, at the end of office or employment each local officer/employee, state officer, as specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However, filling a CE Form 1F (Final Statement of Finance Interests) does not relieve the filer of filing CE Form 1 if he or she was in their position December 31, 2011.

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			OITOR D				
N/A			79				
			4 09				
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NAME OF BUSINESS ENTITY			Ö				
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
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, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required):							

6-4-12

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