FORM 1	STATEMENT OF			2011
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTEREST	s [
LAST NAME FIRST NAME MIDDLE N	AME :	FOR C	FFICE	
HARVEY LARRY	EUGENE	USE		
MAILING ADDRESS :	2 - /			<i></i>
10491 Curry V.	arm LA		ı ID (Code D
,				· /
CITY:	ZIP: COUNTY:			P.
Fort Myens 3.	3966 Lee	\	\	No/
NAME OF AGENCY:			\	4 000
NAME OF OFFICE OR POSITIONAL TO B.	D 0010117		- X - /	No.
NAME OF OFFICE OR POSITION HELD OR SOUGHT:			\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Req. Code
You are not limited to the space on the lines of	n this form. Attach additional sheets	. if necessary		Š
CHECK ONLY IF CANDIDATE OF				<u>ت</u>
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW		RECEDING TAX YEAR, WHET	HER BAS	ED ON A CALENDAR YEAR OR ON
DECEMBER 31, 2011	OR SPECIFY	TAX YEAR IF OTHER THAN	THE CAL	ENDAR YEAR:
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE STA COMPARATIVE (PERCENTAGE) THE	IE OPTION OF USING REPOR USING COMPARATIVE THRESI ATE BELOW WHETHER THIS ST	HOLDS, WHICH ARE USUAL ATEMENT REFLECTS EITHE	LY BASE R (must o	D ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF INCO				
	you must write "none" or "n/a"			•
NAME OF SOURCE		RCE'S	1	SCRIPTION OF THE SOURCE'S
OF INCOME PB6C		RESS ALEXANDRIA, VA	1	RINCIPAL BUSINESS ACTIVITY
and the same of th	POBOX 151750	KANISTS CHY, MO	1.00	C OPERATIONS DEFT
SOCIAL SOCIALTY	601 EAST 12 54	64106	 -	US 6004
			 	
PART B SECONDARY SOURCES OF II [Major customers, clients, and o (If you have nothing to report	NCOME ther sources of income to busines , you must write "none" or "n/a	ses owned by the reporting pe	rson - Se	e instructions p. 4]
	AME OF MAJOR SOURCES] ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
	/#			
/_	<u> </u>			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. (If you have nothing to report, you must write "none" or "n/a")			when and where to file this form	
18491 Chang VAIN LA RESIDENTIAL HOME				cated at the bottom of page 2.
Fort Myens, FL 33966 (Home			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	
			_	
				ER FORMS you may need are described on page 6.

PART D — INTANGIBLE PERSONAL P (If you have nothing to repo	ROPERTY [Stocks, bonds, certificates of deposit, etent, you must write "none" or "n/a")	c See instructions p. 5]		
TYPE OF INTANGIBLE	BUSINESS EN	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
IRAS	MORGAS STANCEY	MORGAS STANCEY AND Charles Schwab		
STOCKS (BONA	5 Marca Straley Sch	Morecan Straley School USAA Monagement Co		
CDS	BB+T BANK	MORGAS STANLEY AND Charles Schwab MORGAN STANLEY AND Charles Schwab MORGAN STANLEY, Schwab, USAA MANAGEMENT CO BB+T BANK		
PART E - LIABILITIES [Major debts -	See instructions p. 5] ort, you must write "none" or "n/a")	ADDRESS OF CREDITOR		
GNAC Montgage POBOX 780 WATERLOS, IA 50704				
Girilo 7 1010(4-07		1207-2-		
	ISINESSES [Ownership or positions in certain types to you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINE	of businesses - See instructions p. 5] SS ENTITY # 2 BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	1/2			
PRINCIPAL BUSINESS ACTIVITY	NI			
POSITION HELD WITH ENTITY		100		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		\$4 8		
NATURE OF MY OWNERSHIP INTEREST		SE LE		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE 🔲 🖯				
SIGNATURE (required): DATE SIGNED (required):				
Signature frequired	Harvey	May 30, 2012		
FILING INSTRUCTIONS:				
WHAT TO FILE: WHEN TO FILE: WHEN 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.

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.

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.



Larry Harvey 10491 Curry Palm Ln Fort Myers FL 33966-6413

ST MAY 2012

FORT MYERS

Supervisor of Elections
Sharon L. Harrington
P.O. Box 2545

Fort Myers, FL 33902