

**FINANCIAL INTERESTS**

Please print or type your name, mailing address, agency name, and position below:

**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
Humphrey, James Thomas

MAILING ADDRESS :  
1920 Virginia Avenue, Unit 1602

Fort Myers 33901 Lee

CITY : ZIP : COUNTY :  
Town of Fort Myers Beach Town Council

NAME OF AGENCY :  
Town Attorney

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
*Town Attorney*

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  
CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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**\*\*\*\* 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, 2012 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). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Fowler White Boggs, P.A.	2235 First St., Fort Myers, FL 33901	Of Counsel, Practice of Law-Firm
		serves as Town counsel with me being
		lead attorney for Town of FM Beach

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Encore National Bank	Director	Naples, FL 34103	National Bank
City of Ft. Myers Retirement		Fort Myers, FL 33901	

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, you must write "none" or "n/a")

See attached sheet

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** (Stocks, bonds, certificates of deposit, etc. - See instructions)  
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See Attached Sheet	

**PART E — LIABILITIES** (Major debts - See instructions)  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
See Attached Sheet	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** (Ownership or positions in certain types of businesses - See instructions)  
(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	See Attached Sheet		
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):**

*James F. [Signature]*

*6-28-2013*

**FILING INSTRUCTIONS:**

**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.

**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.

**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, 2012.

## Part C - Real Property

The following is a list of Real Property which I owned or had a beneficial interest, directly or indirectly at any time during the preceding Tax year ending December 31, 2012. The list excludes my residence which is at 1920 Virginia Ave, Fort Myers, Florida 33901, Unit 1602:

- Condominium Unit 304 Phase IV  
High Point Place, 2080 West  
First Street, Fort Myers,  
Florida

Part C - Real Property - Continued

Page 2

- Lots 5, 6, 7, and 8 of South Side Gardens as recorded in Plat Book 3, page 18 Public Records Lee County Florida.

The real property has no street address and is located on Rockfill Road in the City of Fort Myers, Florida.

I own a 28% beneficial interest in the real property with title being vested in Charles Mayhugh, Jr Trustee 13690 Eagle Ridge Road.

The Property Appraiser's Strip Numbers are 29-44-25 P2-00800.0050; 29-44-25 P2-00800.0060; 29-44-25-P2-00800.0070; 29-44-25-P2-00800.0080

## Part D Intangible Personal Property

The following is a list of any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000; General Description

Type of Intangible	Business Entity
• Individual Retirement Account (IRA)	Finemark National Bank + Trust 12681 Creekside Lane Fort Myers, FL 33919
• 2000 Shares Common Stock	Encore National Bank 3003 Tamiami Trail N. Suite 100, Naples, FL 34103 - 2714
• Fowler White Boggess 401(K) Plan + Retirement Account	Fidelity Investments Retirement Savings Act 200 Magellan Way Covington, Kentucky 41015

FOR OFFICE USE ONLY:



AUTO-DIGIT 339 770 P1 43

James T Humphrey Jr  
 Judicial Nominating Commission-2nd Appellate  
 2nd Appellate District  
 PO Box 1567  
 Fort Myers, FL 33902-1567

ID Code

ID No 43786

Conf. Code

P. Req. Code

Humphrey Jr, James T

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 (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Fowler White Boggs	2235 First Street	Law Practice
City of Fort Myers	3200 2nd Street	Retirement as Mayor

PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Encore Bank	Bank Director	3003 Tamiami Trail N. Naples Florida	National Bank

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ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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):**

*James T. Humphrey Jr*

*June 28, 2013*

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the Property Appraiser's Strip Numbers are 29-44-25 P2-00800.0050; 29-44-25 P2-00800.0060; 29-44-25-P2-00800.0070; 29-44-25-P2-00800.0080

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