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 MIDDL	E NAME :	FOR OF			
INCERPI RENA	TO WOLFGANG	USE ONI	.Y:		
MAILING ADDRESS :		, 			
24400 S. TAMIAMI TRAIL #164			I ID Code	/	
BONITA SPRINGS 34134 LEE COUNTY:			/ / /	12MAY30AM1013SDELEE COF	
CITY: ZIP: COUNTY:			ID No.	ద్ద	
NAME OF AGENCY:			/		
BONITA SPRINGS ZONING BOARD			Conf. Coo	le 🚊	
NAME OF OFFICE OR POSITION HEL			P. Req. C	ode H	
VICE-CHAIRM	(A C		/		
You are not limited to the space on the lim	, if necessary.	/	मि स		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	PPOINTEE		범	
*****				takakak	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO	OW WHETHER THIS STATEMENT IS	ECEDING TAX YEAR, WHETHE FOR THE PRECEDING TAX YE	R BASED OI AR ENDING	EITHER (must check one):	
DECEMBER 31, 2011	OR U SPECIFY	TAX YEAR IF OTHER THAN TH	E CALENDAI	* YEAK:	
MANNER OF CALCULATING REPORT. THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	THE OPTION OF USING REPORT OR USING COMPARATIVE THRESH STATE BELOW WHETHER THIS STA	IOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER (BASED ON must check	PERCENTAGE VALUES (see one):	
PART A PRIMARY SOURCES OF IN		DOLLAR VA		IOLDS	
	ort, you must write "none" or "n/a")		iiona p. +j		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		PTION OF THE SOURCE'S PAL BUSINESS ACTIVITY	
GOVT, PENSION		S _E E _X			
SOCIAL SECURITY	L OT BY JHEAW_				
V.A. DISABILITY	1		N ₁ T _O		
7,7.1			- ,		
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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
\	\	,		<u> </u>	
NIA	NA	A/A A/A		Alla	
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") LOT (MY RESIDENCE) 24424 OCIE LANE			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must		
				m and how to fill it out	
				ORMS you may need lescribed 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				
1						
NA		$\lambda \lambda$				
PART E — LIABILITIES [Major debte (if you have nothing to r	s - See instructions p. 5] eport, you must write "non	e" or "n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR				
<u> </u>						
NA-		NA				
·			EXH.			
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			F			
ADDRESS OF BUSINESS ENTITY	\		H O			
PRINCIPAL BUSINESS ACTIVITY	MA	NIA	NAI			
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	DATE SIGNED (required):			
Penato a ferrell		27 M	27 May 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.



FORT MYERS FL 339

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

Fort Myers, FL 33902

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