FORM 1	STATEM	IENT OF		2011				
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	s [
Kennedy Sar Mailing address:	LAST NAME FIRST NAME MIDDLE NAME : Kennedy Sandra L Mailing address :			12JUN 5 AM				
	ZIP: COUNTY:		ID Code	9 29 SOE				
Lehigh Acres		ΞE	ID No.					
LEE County for NAME OF OFFICE OR POSITION HE			Conf. Co P. Req. (ide 🛏				
You are not limited to the space on the lim CHECK ONLY IF CANDIDATE								
**** 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): Image: December 31, 2011 Image: December 31, 2011 Image: December 31, 2011								
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):								
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE 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 DESCRIPTION OF THE SOURCE'S DESCRIPTION OF THE SOURCE'S								
OF INCOME	ADD	RESS	PRINC	IPAL BUSINESS ACTIVITY				
Lee County Poet Act	hority 11000 Termina	l Access Rd	L Airport					
·								
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				
NA								
PART C REAL PROPERTY [Land, b	buildings owned by the reporting parts	Coo instructions - 41						
(If you have nothing to rep 307 E Bougainville	when and	NSTRUCTIONS for where to file this form d at the bottom of page 2.						
302 E Bougainvill		CTIONS on who must rm and how to fill it out page 3.						
				FORMS you may need described on page 6.				

PART D - INTANGIBLE PERSON		Stocks bonds certifi				
(ii you nave nouning u	o roport, you ma	ist write "none" or "		ctions p. 5]		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A-						
PART E — LIABILITIES [Major de (ff you have nothing to			n/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR				
N/A-						
	······································			<u></u>	1	
PART F INTERESTS IN SPECIFI	ED BUSINESSES	Ownership or posit	ons in certain types of businesses	s - See instructions p. 5]	JUN	
(If you have nothing to		ESSENTITY#1	BUSINESS ENTITY #	2 BUSINESS ENTITY	ហ	
NAME OF BUSINESS ENTITY	N	IA			929	
ADDRESS OF BUSINESS ENTITY		<u>+</u>			909	
PRINCIPAL BUSINESS ACTIVITY					SOE LEE (0	
POSITION HELD WITH ENTITY					8 8	
I OWN MORE THAN A 5%						
NATURE OF MY OWNERSHIP INTEREST					·	
	THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): DATE SIGNED (required):						
	<u>red):</u>			• • •		
Sandra Ltf	red): unedy	/		NED (required):	ï	
Sandra Ltf	unedy	FILING IN		• • •		
WHAT TO FILE:	unedy	WHERE TO	<i>(۵/۴/)</i> STRUCTIONS: FILE:	WHEN TO FILE:		
WHAT TO FILE: After completing all parts of this for signing and dating it, send back	m, including	WHERE TO If you were mailed on Ethics or a Cou	6/4/ STRUCTIONS: FILE: the form by the Commission nty Supervisor of Elections for	WHEN TO FILE: Initially, each local officer/emp officer, and specified state em	ployee mu	
WHAT TO FILE: After completing all parts of this for signing and dating it, send back sheet (pages 1 and 2) for filing.	rm, <u>including</u>	WHERE TO If you were mailed on Ethics or a Cou your annual disclo that location.	6/4/ STRUCTIONS: FILE: the form by the Commission nty Supervisor of Elections for sure filing, return the form to	WHEN TO FILE: <i>initially</i> , each local officer/emp officer, and specified state em file <i>within 30 days</i> of the date appointment or of the beginning of	ployee mu of his or he employmen	
WHAT TO FILE: After completing all parts of this for signing and dating it, send back sheet (pages 1 and 2) for filing. If you have nothing to report in section, you must write "none" or	rm, <u>including</u> only the first	WHERE TO If you were mailed on Ethics or a Cou your annual disclo that location. Local officers/emp of Elections of the co	6/4/ STRUCTIONS: FILE: the form by the Commission nty Supervisor of Elections for sure filing, return the form to bloyees file with the Supervisor punty in which they permanently	WHEN TO FILE: Initially, each local officer/emp officer, and specified state em file within 30 days of the date appointment or of the beginning of Appointees who must be confirmed must file prior to confirmation, ever	ployee mu of his or he employmen by the Senat i if that is les	
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WHAT TO FILE: After completing all parts of this for signing and dating it, send back sheet (pages 1 and 2) for filing. If you have nothing to report in section, you must write "none" or section(s). NOTE: MULTIPLE FILING UNNECESSAF Generally, a person who has filed calendar or fiscal year is not requise second Form 1 for the same year	rm, <u>including</u> only the first n a particular "n/a" in that RY: Form 1 for a uired to file a r. However, a	WHERE TO If you were mailed on Ethics or a Cou your annual disclo that location. Local officers/emp of Elections of the cor reside. (If you do Florida, file with t where your agency State officers or file with the Comm 15709, Tallahasse	<i>La H</i> STRUCTIONS: FILE: The form by the Commission net y Supervisor of Elections for sure filing, return the form to Noyees file with the Supervisor punty in which they permanently o not permanently reside in the Supervisor of the county thas its headquarters.) Specified state employees ission on Ethics, P.O. Drawer e, FL 32317-5709; physical clay Boulevard, South, Suite	WHEN TO FILE: Initially, each local officer/emp officer, and specified state em file within 30 days of the date appointment or of the beginning of Appointees who must be confirmed must file prior to confirmation, ever than 30 days from the date of their Candidates for publicly-elected loc file at the same time they file th	ployee mus of his or he employmen by the Senal if that is les appointmer al office mu eir qualifyin oyees, sta aployees a each calend	
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WHAT TO FILE: After completing all parts of this for signing and dating it, send back sheet (pages 1 and 2) for filing. If you have nothing to report in section, you must write "none" or section(s). NOTE: MULTIPLE FILING UNNECESSAFF Generally, a person who has filed calendar or fiscal year is not requisecond Form 1 for the same yea candidate who previously filed Form another public position must at lease	rm, <u>including</u> only the first only the first n a particular "n/a" in that EY: Form 1 for a uired to file a r. However, a n 1 because of t file a copy of	WHERE TO If you were mailed on Ethics or a Couryour annual disclot that location. <i>Local officers/emp</i> of Elections of the correside. (If you do Florida, file with t where your agency <i>State officers or</i> file with the Comm 15709, Tallahasse address: 3600 Ma 201, Tallahassee, I <i>Candidates</i> file t qualifying papers. To determine what	<i>G</i> / <i>H</i> / STRUCTIONS: FILE: the form by the Commission net Supervisor of Elections for sure filing, return the form to Noyees file with the Supervisor ounty in which they permanently in the Supervisor of the county thas its headquarters.) specified state employees ission on Ethics, P.O. Drawer e, FL 32317-5709; physical clay Boulevard, South, Suite FL 32312.	WHEN TO FILE: Initially, each local officer/emp officer, and specified state em file within 30 days of the date appointment or of the beginning of Appointees who must be confirmed must file prior to confirmation, ever than 30 days from the date of their Candidates for publicly-elected loc file at the same time they file th papers. Thereafter, local officers/empli- officers, and specified state em required to file by July 1st following of year in which they hold their positi Finally, at the end of office or	ployee mus of his or he employmen by the Senal if that is les appointmen al office mu eir qualifyin oyees, sta ployees a sach calend ons. employmen e officer, an ired to file ithin 60 da owever, fili of Financ	

PART D — INTANGIBLE PERSONAL (If you have nothing to re				ictions p. 5]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NA							
				·····			
			<u></u>		<u></u>		
PART E LIABILITIES [Major debts	See instructi						
(If you have nothing to re			n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR						
N/AF							
<i></i>							
<u> </u>							
PART F INTERESTS IN SPECIFIED	PURINESSES	Ownership or positi	one in partoin types of husinesses	See instruc	tions n 51		
(If you have nothing to rep	ort, you must	write "none" or "n/a	")		· ····		
	BUSIN	ESS ENTITY # 1	BUSINESS ENTITY #	2			
NAME OF BUSINESS ENTITY	N/	H			Q		
ADDRESS OF BUSINESS ENTITY	· /						
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY					0 F		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST		-,* <u>-</u> *					
IF ANY OF PARTS A TH	ROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEAS			
SIGNATURE (require	d):		DATE SIG	NED (re	equired):		
	<u></u>		·	-			
Sandra Lithunedy 6/4/2012							
	I	FILING IN	STRUCTIONS:				
WHAT TO FILE:		WHERE TO FILE:		WHEN TO FILE:			
After completing all parts of this form, signing and dating it, send back on		If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for		<i>Initially</i> , each local officer/employee, state officer, and specified state employee must			
sheet (pages 1 and 2) for filing.		your annual disclosure filing, return the form to that location.		file <i>within 30 days</i> of the date of his or her appointment or of the beginning of employment.			
If you have nothing to report in a		that location. Local officers/employees file with the Supervisor		Appointees who must be confirmed by the Senate			
section, you must write "none" or "n/a" in that section(s).		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.)		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			
NOTE: MULTIPLE FILING UNNECESSARY:		State officers or specified state employees		papers.			
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.		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.		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.			
						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.					
				page 3.			n 1F (Final Statement of Financial

Facsimiles will not be accepted.

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.

PLACE PLACE 00.4293311 JUR04 2012 MAILED FROM ZIP CODE 33913 A CONTRACTION

Supervisor of Elections Sharon L. Harrington P.O. Box 2545 Fort Myers, FL 33902

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JULY STURY SHARE SHELLER COFF.