FORM 1	STATEM	ENT OF	2011		
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL	INTERESTS	,		
MAILING ADDRESS:	STERO BLVD	FOR OFFICE USE ONLY	12.JU 25.9		
CITY: ANA ANA NAME OF AGENCY: NAME OF OFFICE OR POSITION HI	ZIP: COUNTY: Re Acry PAL ELD OR SOUGHT:		Conf. Code P. Req. Code		
You are not limited to the space on the CHECK ONLY IF CANDIDATE	, if necessary. PPOINTEE	TI Company			
**** 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: 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 OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
LAHAINA KEAU	4 6035 BR	ROI BILD.	Keyl Estate		
6 Agerz Lic	6075 ESTE	LO BINO	Household pront		
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 NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE					
Due DF FOR	GDITI	2573 ESENOB	IVO COUNCIE		
-/ 0.002.00 / 10.00		05 (5) (5) (6)			
(If you have nothing to re	buildings owned by the reporting person port, you must write "none" or "n/a" BLO FMB F FMB F1, 339	7 339 <i>21</i>	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. NSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
· · · · · · · · · · · · · · · · · · ·			OTHER FORMS you may need to 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 TH	IE PROPERTY RELATES		
TITE OF INTENDED		BOOMEOU ENTITY TO VALIDITY IT	ETROPERT TO		
	1				
			SOE LEE COF		
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		ADDRESS OF CR	ADDRESS OF CREDITOR		
LIBERTY BAKK					
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	LAMPINA REACH	TOWN FAR	GATETA LL		
ADDRESS OF BUSINESS ENTITY	6035 ESTENDBI	in 2523 Esterio Bli	10 6035 ESTERO BLA		
PRINCIPAL BUSINESS ACTIVITY	Real SCHAM	GOVT	he rebown Proper		
POSITION HELD WITH ENTITY	PRINCIPAL	Council	PRINCIPAL		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	0%	0%	50%		
NATURE OF MY OWNERSHIP INTEREST	Mont	CONCIL	Mans		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (meguired):		DATE SIGNED	DATE SIGNED (required):		
Lang Can		7/23/,	7/23/12		
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; 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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

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Town of Fort Myers Beach

2523 Estero Boulevard

Fort Myers Beach, Florida 33931

Lee County Supervisor of Elections

Attn: Bernie Feliciano P.O. Box 2545-33902

Constitutional Complex 2480 Thompson Street Fort Myers , Florida 33901

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