| FORM 1 | STATEM | ENT OF | | 2011 | | | |
|--|---|-------------------------------|-------------------------------------|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below | FINANCIAL FINANCIAL | INTERESTS | S | | | | |
| LAST NAME - FIRST NAME MIDD | LE NAME : | FOR O | · · · | | | | |
| KIMBALC S MAILING ADDRESS: | EDWARD | USE O | NLY: | | | | |
| 2253 DAVIS | S RI UR | | | Adde So | | | |
| 2 | | <u> </u> | I ID C | de de | | | |
| FORT MYERS, FL. | 33905 LEE | | | 3 | | | |
| FORT MYERS SHORES | | | N⊌∧ | ko. 55 | | | |
| NAME OF AGENCY: | _ | | V | f. Code | | | |
| TIRE COMMISS. NAME OF OFFICE OR POSITION HE | LONER "SKAT | r#/ | - } | f. Code | | | |
| NAME OF OFFICE OR POSITION HE | ELD OR SOUGHT: | | 1 P. R | teq. Code | | | |
| You are not limited to the space on the li | ines on this form. Attach additional sheets | , if necessary. | | var var | | | |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OR A | PPOINTEE | | Section 2011 | | | |
| | H PARTS OF THIS SECT | ION MUST BE COM | IPLET | ED **** | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR | | | | | | | |
| A FISCAL YEAR. PLEASE STATE BEI | | | | | | | |
| | | TAX YEAR IF OTHER THAN I | THE CALE | :NDAR YEAR; | | | |
| MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER | S THE OPTION OF USING REPORT | | | | | | |
| REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS | | | | | | | |
| COMPARATIVE (PERCENTAG | | | | IRESHOLDS | | | |
| | NCOME [Major sources of income to to port, you must write "none" or "n/a"] | | uctions p. | 4] | | | |
| NAME OF SOURCE OF INCOME | | | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | |
| VERIZON COMM | , | | TELE COMMUNICATION | | | | |
| SOCIAL SECURITY | | | PRNSION BENEFITS | | | | |
| BANK OF CLEWISTON | | | BANKING | | | | |
| 15 BANK OF CLEWIS | ront | | BANKING | | | | |
| PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re | OF INCOME and other sources of income to busines aport, you must write "none" or "n/a | ses owned by the reporting pe | rson - See | e instructions p. 4] | | | |
| NAME OF | NAME OF MAJOR SOURCES | ADDRESS | | PRINCIPAL BUSINESS | | | |
| BUSINESS ENTITY | OF BUSINESS' INCOME | OF SOURCE | | ACTIVITY OF SOURCE | | | |
| N.A. | | | | | | | |
| | | | | | | | |
| PART C - PEAL PROPERTY (Lond | huildings owned by the senesting serve | Continution 41 | | <u> </u> | | | |
| 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") | | | | FILING INSTRUCTIONS for when and where to file this form | | | |
| 2253 DAUS | BLUD, FT MYERS | FL 33905 | are legated at the bottom of your 2 | | | | |
| | INSTRUCTIONS on who must file this form and how to fill it out | | | | | | |
| | | . W7.500 | | is form and how to fill it out on page 3. | | | |
| | ARINGA | отн | ER FORMS you may need | | | | |
| | | , Althread | 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 THE PROPERTY RELATES | | | | | | | | |
| N/A | | | | | <u> </u> | | | | | |
| | | | | | | | | | | |
| | | | | | | <u> </u> | | | | |
| PART E LIABILITIES [Major de (If you have nothing to | | n/a") | | | S 0 3 3 | | | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | | | | | |
| NA | | | | | | 955 | | | | |
| , | | | | | | | | | | |
| | | | · · | | | H | | | | |
| 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 | N/A | <u> </u> | NA | | 11/14 | | | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | 1 | | | | | | | | |
| 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): | | | | | | | |

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 1 st 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.