FORM 1	STATEMENT OF				2011			
Please print or type your name, mailing address, agency name, and position belongers.	dress, agency name, and position below:							
LAST NAME FIRST NAME MIDD				FOR OF	FICE			
LORENZO, MICHA	EL F	NEELO		USE ON	ILY:			
MAILING ADDRESS :						12 AM PM / 3		
40 ME 13th Pl.					ı IDC	100 P		
CITY:	ZIP:	: COUNTY:				ARECENED SO		
CAPE CORAL			.ee		וס מו			
NAME OF AGENCY:		(0)				Elections S		
City of			Conf					
NAME OF OFFICE OR POSITION HE	_		P. Re	eq. Code WY Wd				
Civilian's Police 1								
You are not limited to the space on the li			-					
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR AF	PPOINTEE					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	FINANCI		ECEDING TAX YEAR	R, WHETH	ER BASE	ED 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:								
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	S THE (, OR US E STATE	OPTION OF USING REPORT ING COMPARATIVE THRESH BELOW WHETHER THIS STA	OLDS, WHICH ARE TEMENT REFLECT	E USUALL	Y BASED	ON PERCENTAGE VALUES (see		
COMPARATIVE (PERCENTAG						RESHOLDS		
PART A PRIMARY SOURCES OF I (If you have nothing to re		[Major sources of income to th u must write "none" or "n/a")	e reporting person -	See instru	ctions p. 4	4]		
NAME OF SOURCE OF INCOME			SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Coutoh an Au			30 N 302 ST. Suite 150 HArrisburg PA.			DOPT. OF CONTENTIONS		
State Chapter of the state of t	124	31. 34113	7.444.1394.1	, • 				
City of Phila.		ide - Divi	a. D. I. O.	A. 19102 Phila. Police Dept.				
Donne of Peusions & Kethe	THEM	ICLFL, TWO PENN Gra. Phila. PA. 19102			1. 1/1	in , Police Dept .		
DIST D. OCCUPANY CONTROL	OT 11104							
	and other	ou must write "none" or "n/a"		porting per	son - See	instructions p. 4]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME		ADDRESS OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
MA	N/A		N/A			NA		
•								
PART C REAL PROPERTY [Land,	buildings	owned by the reporting persor	- See instructions o	. 41				
(If you have nothing to re	port, you	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.						
Mone						• -		
	-	INSTRUCTIONS 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 PERSON	IAL PROPERTY [Stock of the control o	cks, bonds, certi vrite "none" or '	icates of d	eposit, etc See	instructions p	o. 5]				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
GREAT WESTORD Retire	Comm. o	PA.	Dotores	Comp. P	Rogram					
JOHN HANCOCK		A	wait.	1.						
AMERICAN FUNDS	IRA									
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 CREDITOR								
Police d Fire Feb. Credit Union		901 Arch 51. Phila. Pa 19107-2495								
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	1	BUSINESS EN	ITY#2	, BUSINESS ENTITY # 3				

NAME OF BUSINESS ENTITY	Nove									
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	None				-					
	None				_					
ADDRESS OF BUSINESS ENTITY	None				_					
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	None				_					
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	None									
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY			D ON A		SHEET, PL	EASE CHECK HERE				
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	THROUGH F AR		D ON A	SEPARATE :		EASE CHECK HERE (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 filling.

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.