FORM 1	STATEM	STATEMENIEM 221 SOELEE COF1 2011				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5			
NARS KAREN  MARS KAREN  MAILING ADDRESS:  186/ Embarco  N. Ft: Myers  CITY:  NAME OF AGENCY:  Herons Clen Reco  NAME OF OFFICE OR POSITION HELD  Supervisor  You are not limited to the space on the lines  CHECK ONLY IF CANDIDATE OF	A  actor Way  33917 Lee  ZIP: COUNTY:  reation District  OR SOUGHT:  on this form. Attach additional sheets,  or COUNTY STRICT  on this form. Attach additional sheets,  or COUNTY STRICT  OR SOUGHT:	, if necessary. PPOINTEE	ID Co.	Code 3		
**** BOTH I DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011  MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS TI REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE ST COMPARATIVE (PERCENTAGE) THE	WHETHER THIS STATEMENT IS I  OR SPECIFY TO  SLE INTERESTS: THE OPTION OF USING REPORT R USING COMPARATIVE THRESHITATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN T TING THRESHOLDS THAT A IOLDS, WHICH ARE USUALL TEMENT REFLECTS EITHER	HER BASED FEAR ENDI THE CALEN ARE ABSOL LY BASED	O ON A CALENDAR YEAR OR ON ING EITHER (must check one): IDAR YEAR:  LUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see eck one):		
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the type of the comment with the comment of the c		ictions p. 4]			
NAME OF SOURCE OF INCOME	SOUR	RESS 43215	PRIN	CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY		
STRS of Ohio	275 E. Broad	St Columbus, Oh.	Ret	Frement Pension		
	INCOME other sources of income to business t , you must write "none" or "n/a"		son - See in	nstructions p. 4]		
NAME OF N BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NA						
DADT C. BEAL BRODERTY II and built						
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")				INSTRUCTIONS for not where to file this form nated at the bottom of page 2.		
NA			INSTR file this	UCTIONS on who must form and how to fill it out n page 3.		
				R FORMS you may need re 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				
NA						
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructions p. 5] report, you must write "nor	ne" or "n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR				
NA			¥ 5			
			7)			
			1.1 N			
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	NA		S			
ADDRESS OF BUSINESS ENTITY			1   			
PRINCIPAL BUSINESS ACTIVITY						
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):						
Faien A. Mais		May 25	DATE SIGNED (required):  May 25, 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.

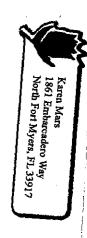
## WHEN TO FILE:

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.



SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

