FORM 1	STATEM	ENT OF		2011	
Please print or type your name, mailing address, agency name, and position below:		INTERESTS			
LAST NAME - FIRST NAME - MIDDLE N		FOR OFF USE ONL			
30 2 LOW AVE					
a void			ID Code	М Диса 1	
Leman Acres	zip: county: 33936 Lee		ID No.	2AFC30##10152PE	
Pasko CDD			Conf. Code	# 101	
NAME OF OFFICE OR POSITION HELD O	OR SOUGHT :		P. Req. Code	23 23 13 13	
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF	_	•		7011 PÜ Q em 1	
**** BOTH F	PARTS OF THIS SECTION	ON MUST BE COMF	PLETED ****	I	
THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW	WHETHER THIS STATEMENT IS F	FOR THE PRECEDING TAX YE	EAR ENDING EITHER (m		
DECEMBER 31, 2011 MANNER OF CALCULATING REPORTABLE		TAX YEAR IF OTHER THAN THE	E CALENDAR YEAR:		
THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE STA	HE OPTION OF USING REPORTI R USING COMPARATIVE THRESHO	OLDS, WHICH ARE USUALLY	BASED ON PERCENT		
COMPARATIVE (PERCENTAGE) THE PART A PRIMARY SOURCES OF INCO			LUE THRESHOLDS	<u> </u>	
	you must write "none" or "n/a") SOUR	· · · · · · · · · · · · · · · · · · ·	, -		
OF INCOME	ADDR	RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Stock Development	In 501 la Heman + - Prof Circle	Nanles FL	Construction	I KOU DOW	
PART B SECONDARY SOURCES OF II	NCOME				
[Major customers, clients, and c	other sources of income to businesset, you must write "none" or "n/a")		on - See instructions p. 4	1	
NAME OF N BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PAL BUSINESS TY OF SOURCE	
NA					
,					
PART C REAL PROPERTY [Land, build	lings owned by the reporting person	- See instructions p. 4]	FILING INSTRUC	TIONS 104	
(If you have nothing to report,		when and where to f are located at the bo	file this form		
302 Lake Ave, lêhu	GN AUUS		INSTRUCTIONS of file this form and ho begin on page 3.		
			OTHER FORMS		
			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 INTANGIB	LE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NIA						
0.10.000			4			
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDIT	OR	ADDDESS OF CREDITOR				
Greantrice Servicing						
345 GI Dalay SI						
		~~~	H MN 5510	2		
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			BUSINESS ENTITY # 3 F		
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	······································					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):  DATE SIGNED (required):						
1717 Chesher 8.15.12						
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.

# 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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.



# Envelope

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Insert shipping document born