FORM 1	STATEM	IENT OF	-	2011	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTEREST	S		
LAST NAME FIRST NAME MIDDLE I	NAME: Kevin Mic	hael Ford	FFICE NLY:	and sed	
126 SE 157	Ave			Code 0 10 11 12 AM	
Cape Coral, City of Cape NAME OF AGENCY: Cape Coral C NAME OF OFFICE OR POSITION HELD		D-6	ID	RECEIVED 1111 21 2012 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
You are not limited to the space on the lines	on this form. Attach additional sheets	s, if necessary.	v —	Ma ZIII W	
CHECK ONLY IF 🔲 CANDIDATE O	R NEW EMPLOYEE OR A	APPOINTEE			
**** 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:					
MANNER OF CALCULATING REPORTABE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE ST COMPARATIVE (PERCENTAGE) TO	HE OPTION OF USING REPOR USING COMPARATIVE THRESI ATE BELOW WHETHER THIS ST	HOLDS, WHICH ARE USUALI ATEMENT REFLECTS EITHER	LY BASE(R (must c	O ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF INCO		he reporting person - See instr			
NAME OF SOURCE OF INCOME	Sou	, IRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
NORTH NAPLES HOSPI		PARK Blud NAPRS	.Y.	Health care	
Sibco I NUESTMENTS PAR		shipe Court Tup, my		ral property 184 001	
City of CAPE COR	All Po Box 1500.	ST COBSCORDING	Cit	y government	
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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
1	A				
	/				
PART C REAL PROPERTY [Land, build	ings owned by the reporting perso	n - See instructions p. 41			
(If you have nothing to report	you must write "none" or "n/a")		when	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.	
Cape cors	LIFL 3.	3990	file th	RUCTIONS on who must is form and how to fill it out on page 3.	
				ER FORMS you may need 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 HOLK, 403B, forth IRA Fidelity I Nuestrupts STOCK CAMECO — SCOTTMAR 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 PART F— INTERESTS IN SPECIFIED BUSINESSES. [Ownship or positions in certain types of businesses - See instructions p. 5] HY UP AS IN SPECIFIED BUSINESSES [Ownship or positions in certain types of businesses - See instructions p. 5] PART F— INTERESTS IN SPECIFIED BUSINESSES IN "one" or "n/a"] NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTERESTS IF ANY OF PARTS A THROUGH FARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): DATE SIGNED (required):					
HOLK, 403B, POTUTRA FIDELITY INVESTMENTS STOCK CAMECO - SCOTTRADE STOCK URAN'I MM ENERGY CORP - SCOTTRADE PARTE - LIABILITIES [Major debts - See instructions p. 5] NAME OF CREDITOR NAME OF CREDITOR ADDRESS OF CREDITOR ADDRESS OF CREDITOR NOTIFICATION FOR SEPULCING CORP PO BOX 19389 Charlotte, NC 28219-9389 HYWDOR, NT SEPULCING CORP PO BOX 650805 DAILAS, TX 75265-0805 BAYK OF AMERICA HOME PO BOX 650805 DAILAS, TX 75265-0070 PARTE - 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 POSITION HELD WITH ENTITY 1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH FARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			See instructions p. 5]		
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	NATURE OF MY				
SIGNATURE (required): DATE SIGNED (required):	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
	SIGNATURE (required): DATE SIGNED (required):				
Frein 4 1 6/20/2012	Fern G	ffind	6/20/2012		
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, stat officer, and specified state employee mus file within 30 days of the date of his or he appointment or of the beginning of employmen Appointees who must be confirmed by the Senat must file prior to confirmation, even if that is les than 30 days from the date of their appointmen

Candidates for publicly-elected local office musfile at the same time they file their qualifyin papers.

Thereafter, local officers/employees, state officers, and specified state employees arrequired to file by July 1st following each calendaryear in which they hold their positions.

Finally, at the end of office or employmer each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However, filir a CE Form 1F (Final Statement of Financi Interests) does not relieve the filer of filing. CE Form 1 if he or she was in their position of December 31, 2011.

PART D — INTANGIBLE PERSONAL PROPERTY [Stoce (If you have nothing to report, you must w	cks, bonds, certificates of deposit, etc See instructions p. 5) rite "none" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
401K, 403B, PothIR	A Fidelity INVESTMENTS			
STOCK	CAMECO - SCOTTRAGE			
STOCK	URANIUM ENERGY CORP - SCOTTRAGE			
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NAME OF CREDITOR	ADDRESS OF CREDITOR			
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HYUNDA: MOTOR FINANCE POBOX 650805 DAILAS, TX 75265-0805				
BANK OF AMERICA HOME DOAMS	PO BOX 650070 DAILAS, TX 75265-0070			
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 BUSINESS	·			
NAME OF BUSINESS ENTITY	25511250 21111110			
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):				
Bevin al	6/20/2012			
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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.