## FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2011

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME — FIRST NAME — MIDDLE NAME — MIDDL	JACK (John)	NAME OF REPORTING PERSON'S AGENCY:  LOCAL PLANNIG FEE County  CHECK ONE OF THE FOLLOWING (see "Wino Must File" on page 3):  LOCAL OFFICER STATE OFFICER  SPECIFIED STATE EMPLOYEE  LIST OFFICE OR POSITION HELD:  MEMBET L. P.A.			
				FI	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIA OFFICE OR EMPLOYMENT DESCRIBED AB  MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS THE OF FEWER CALCULATIONS, OR USING COMP further details). PLEASE STATE BELOW WH	OVE, WHICH DATE WAS	OD BETWEEN JANUARY 1, 20  ECEN DEC 30,  THRESHOLDS THAT ARE ABS CH ARE USUALLY BASED OF FLECTS EITHER (must check	011 AND T, 20 SOLUTE D N PERCE one):	11. (Date must be prior to 1259/11)	
PART A PRIMARY SOURCES OF INC					
NAME OF SOURCE OF INCOME	SOUR ADDR				
Social Securit	$\checkmark$				
State N.d. PEN	CION				
PART B SECONDARY SOURCES OF			come to bu	sinesses owned by reporting person]	
NAME OF NA	ME OF MAJOR SOURCES	ADDRESS	1	PRINCIPAL BUSINESS	
5	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
Brooks 11 C	DD				
WACHOVIA SE	contties	1		<del> </del>	
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
BONITA STINGS E/ 34135			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.		
,				ER FORMS you may need to e described on page 6.	

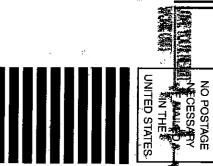
PART D — INTANGIBLE PERSONAL PROP (If you have nothing to report, you mu	ERTY [Stocks, bonds, st write "none" or "n	, certificates of deposit, etc.]				
TYPE OF INTANGIBLE	1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
		<del></del>				
	-					
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must	st write "none" or "n	/a")				
NAME OF CREDITOR		ADDRESS	OF CREDITOR			
BANK of AMERIC	A BAC					
	7	P.O. Box 65	0070			
		DALLACTX	75265-0070			
<del></del>			75 5(00			
PART F — INTERESTS IN SPECIFIED BUSIN	ESSES (Ownership	or positions in cortain types of b	usingengi	<u></u>		
(if you have nothing to report, you mus			ພຣະເອຣຣ <del>ອ</del> ຣງ			
	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTIT	Y#3		
	ME					
ADDRESS OF BUSINESS ENTITY	•					
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY	<del></del>					
TOWN MORE THAN A 5% INTEREST IN THE BUSINESS	····					
NATURE OF MY						
OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE: / ach	Juste	DATE S	IGNED: 2/3/12	•		
1	FILING INS	STRUCTIONS:	,			
	•	•				
WHAT TO FILE:	WHERE TO FIL	<b>c.</b>	NOTE:			
After completing all parts of this form on	Local officers: file with the Supervisor of		If you are leaving office or employment			
pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you		ounty in which you perma- ou do not permanently reside	during the first half of 2011, y have filed Form 1 for 2010. Ir			
need not return any of the instruction pages).  Facsimiles will not be accepted.		the Supervisor of the county this is not the last form you will file, even though the Form 1F covers the final portion				
i acomines will not be accepted.	, , ,	or specified state employ-	of your term of office or employment. You will be required to file Form 1 for 2010 by July 1 of 2011.			
WHEN TO FILE:  At the end of office or employment each	ees: file with the	Commission on Ethics, P.O. allahassee, FL 32317-5709;				
local officer, state officer, and specified state employee is required to file a final disclosure	physical address:	3600 Maclay Boulevard, allahassee, FL 32317-3709,				

form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

OF PERSON CHAST

THE SHEET IN



## **BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

SUPERVISOR OF ELECTIONS PO BOX 2545
FORT MYERS, FL 33902-9888