FORM 1	M 1 STATEMENT OF			2011	
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	<u>ا</u>	10	
LAST NAME - FIRST NAME - MIDDL MERCEE RAMDA MAILING ADDRESS		FOR OF		de code	
Kollos RAMbow M	EADOWS Gr			de R	
FORT MYEES, 33908 LEE			ID No	STEL	
NAME OF AGENCY	He puistion & ER	eman	Conf.	Code	
NAME OF OFFICE OR POSITION HE			P. Re	q. Code	
You are not limited to the space on the lim CHECK ONLY IF D CANDIDATE				2011 PDF Form 1	
HIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BEL DECEMBER 31, 2011 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASI	OW WHETHER THIS STATEMENT IS <u>OR</u> D SPECIFY TABLE INTERESTS: S THE OPTION OF USING REPORT OR USING COMPARATIVE THRESH E STATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN T FING THRESHOLDS THAT A IOLDS, WHICH ARE USUALI ATEMENT REFLECTS EITHER	HER BASE (EAR END HE CALE! ARE ABSC LY BASED R (must ch	D ON A CALENDAR YEAR OR ON ING EITHER (must check one): NDAR YEAR: NDAR YEAR: ULUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF I	NCOME [Major sources of income to the port, you must write "none" or "n/a")	ne reporting person - See instru			
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
MEDREP INVESTMENT Prope	FI Myees, Fr.	m) Merpous et. 33908	Clomin	recard lead torote	
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re	OF INCOME and other sources of income to busines oport , you must write "none" or "n/a	ses owned by the reporting pe ")	rson - See	instructions p. 4]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
MEDSUP DEUKLOPMENT, LLC	Rent	13350 Mento PLC	- 102	OTALE BLDG	
Broho I, LLC	Rent	II II		OFALG BLDG	
Brohott, LLC	Pent	- 11		OFFICE BLDG	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p (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.		
14421 Merropolis Ave, 14400/40 Merropolis Ave,	L, FH MYERS 33912		INST file thi	RUCTIONS on who must s form and how to fill it out on page 3.	
12140 Carrissa Comme	12140 Carrissa Commerce Ct. FHMYERS 33966			OTHER FORMS you may need to file are described on page 6.	

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
ART E — LIABILITIES [Major debts - See instruc (If you have nothing to report, you m				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
USCH BANK	301 W. MAINSE URBANN, JL GIBOI			
Regions Bank	POBOK 2724, BIRMINGHAM, AL 35246			
0	and the second			
ART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positions in certain types of businesses - See instructions p. 5]			
(If you have nothing to report, you mus BUSI	INESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3			
DDRESS OF BUSINESS ENTITY				
RINCIPAL BUSINESS ACTIVITY				
OSITION HELD WITH ENTITY				
OWN MORE THAN A 5%				
	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE (required):	DATE SIGNED (required):			
Kanla Muu	5/3/12			
	FILING INSTRUCTIONS:			
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:			
After completing all parts of this form, including signing and dating it, send back only the first	If you were mailed the form by the Commission <i>Initially</i> , each local officer/employee, state on Ethics or a County Supervisor of Elections for officer, and specified state employee must			
heet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to that location. file within 30 days of the date of his or her appointment or of the beginning of employment.			
f you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor Appointees who must be confirmed by the Senate			
section(s).	reside. (If you do not permanently reside in			
	Florida, file with the Supervisor of the county where your agency has its headquarters.) . Candidates for publicly-elected local office must file at the same time they file their qualifying			
IOTE: IULTIPLE FILING UNNECESSARY:	State officers or specified state employees papers. file with the Commission on Ethics, P.O. Drawer Thereafter, local officers/employees, state			
enerally, a person who has filed Form 1 for a alendar or fiscal year is not required to file a econd Form 1 for the same year. However, a	15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.			
andidate who previously filed Form 1 because of nother public position must at least file a copy of s or her original Form 1 when qualifying.	Candidates file this form together with their qualifying papers.			
a an ang ang ang ang ang ang ang ang ang	To determine what category your position falls under, see the "Who Must File" Instructions on page 3. Superfied 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			
	Facsimiles will not be accepted.			

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