FORM 1	STATEM	STATEMENT OF					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDDLE NORE IAMES MAILING ADDRESS:	1.	FOR O		· 12JU			
Tr. Myers 3:	3919 LE	E	ID C	1129 8 49 SDE			
NAME OF AGENCY:	GOVERN MENT		IDN	. 49 SOEL			
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:	PMENIT		Code H			
You are not limited to the space on the lines of CHECK ONLY IF  CANDIDATE OF		-					
**** 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 REPORTABLE INTERESTS:  THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF SOURCE OF INCOME	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
N/A				· · · · · · · · · · · · · · · · · · ·			
	<del></del>						
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			
D/A-							
		<del></del>					
PART C REAL PROPERTY [Land, build (If you have nothing to report,  5500 ALICO 1  5 ACRES - UD		when a are loc	G INSTRUCTIONS for and where to file this form atted at the bottom of page 2.  RUCTIONS on who must as form and how to fill it out				
			begin o	in page 3.  R 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	<b>!</b>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NA						
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	<u> </u>	ADDRESS OF CREDITOR				
NA			124			
7			78			
			49 99			
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 FLORIDA G	ILE BANK		<del></del>			
ADDRESS OF BUSINESS ENTITY FORT MIGES						
	L BANKING	<b>.</b>				
POSITION HELD WITH ENTITY CHAIRMA	<b>\</b> 1					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS  No						
NATURE OF MY OWNERSHIP INTEREST	Stock.					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):  DATE SIGNED (required):						
Kemes W. Moore		6.11.12				
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.

### 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.



SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545 ոկրկությունը այդ արդարերի կորհակորությունը։

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