FORM 1	STATE	MENT OF		2	011
Please print or type your name, mailing address, agency name, and position be	FINANCIA	AL INTEREST	rs \lceil		
LAST NAME FIRST NAME MIDI	DLE NAME :	FOR	OFFICE		
Murphy LAWRENCE	¿ Joseph.	USE	ONLY:		녆
Mailing address: Po Box 578					 ₩
			ID Co	de	12MAY 8 PM 1225 SCE LEE CO F
CITY: Alva	ZIP: COUNTY	:	ID No		Ñ
NAME OF AGENCY:	33920 Le	e	I ID NO	,	常
Lee County Moss	to Control		Conf.	Code	Ħ
NAME OF OFFICE OR POSITION H	ELD OR SOUGHT :		P. Red	ą. Code	8
					
You are not limited to the space on the		•			
CHECK ONLY IF (CANDIDATE	OR NEW EMPLOYEE C	DR APPOINTEE			11. PGF Form 1
**** BO	TH PARTS OF THIS SE	CTION MUST BE CO	MPLETE	D ****	•
THIS STATEMENT REFLECTS YOUF A FISCAL YEAR. PLEASE STATE BE					
DECEMBER 31, 20		IFY TAX YEAR IF OTHER THAI		•	ok one).
MANNER OF CALCULATING REPO	RTABLE INTERESTS:				
THE LEGISLATURE ALLOWS FILES REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	RS THE OPTION OF USING REF S, OR USING COMPARATIVE THE	RESHOLDS, WHICH ARE USUA	ALLY BASED	ON PERCENTAGE VA	
COMPARATIVE (PERCENTAC		_	R VALUE THR	•	
PART A PRIMARY SOURCES OF (If you have nothing to r	INCOME [Major sources of income eport, you must write "none" or "a		structions p. 4		<u></u>
NAME OF SOURCE OF INCOME	1	SOURCE'S ADDRESS		CRIPTION OF THE SOINCIPAL BUSINESS AC	
Lyestone Bonk CD's	Brook CD's 205 & Jepass Are. U. Jepass		Bon	~k	
\$57)±	SS Ad,	ni	_		
					
	S OF INCOME and other sources of income to bus report , you must write "none" or		person - See i	nstructions p. 4]	<u></u> -
NAME OF	I NAME OF MAJOR SOURCES	I ADDRESS		PRINCIPAL BU	SINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF S	
NA					
, MA					
PART C REAL PROPERTY [Land	buildings owned by the reporting pe	erson - See instructions p. 41			
(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.	
<u> ΛΙΑ</u>					
1			file this	UCTIONS on who form and how to fil n page 3.	
			-	. •	_
				R FORMS you may re described on pag	

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						
A I A								
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		ADDRESS OF CREDITOR						
NIA								
								
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								
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):							
Janua J. May 4		5-8-2012						

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