FORM 1 STATEMENT OF				2011			
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTERESTS	<b>5</b> [			
HAST NAME FIRST NAME MIDD  NEWHOUSE, LE  MAILING ADDRESS:	222	an Robert	FOR OI USE OI				
FF MYERS FL  CITY:  FF MYERS FL  NAME OF AGENCY:  FT MYERS POLE  NAME OF OFFICE OR POSITION HE  TRUSTEF  You are not limited to the space on the li  CHECK ONLY IF   CANDIDATE	ZIP 3  CE LD OR S  (C) S  nes on th	PENSION BO	ΑΚΏ if necessary.	1\	(3094 9		
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BEI DECEMBER 31, 2017	FINANCI .OW WH	ETHER THIS STATEMENT IS F	CEDING TAX YEAR, WHETH	IER BASE 'EAR ENI	ED ON A CALENDAR YEAR OR ON DING EITHER (must check one):		
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS Instructions for further details). PLEAS  COMPARATIVE (PERCENTAGE)	S THE ( OR US E STATE E) THRE	OPTION OF USING REPORT ING COMPARATIVE THRESHO BELOW WHETHER THIS STA SHOLDS <u>OR</u>	DLDS, WHICH ARE USUALL TEMENT REFLECTS EITHER DOLLAR V	Y BASEI (must c	O ON PERCENTAGE VALUES (see heck one): RESHOLDS		
	NCOME port, you	u must write "none" or "n/a")			4] SCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF INCOME  (LTY OF FT MYERS FL		SOUR ADDR 2200 SECOND ST	RESS	PF	PRINCIPAL BUSINESS ACTIVITY  GOVERNMENT (LOCAL)		
	and other	DME r sources of income to business ou must write "none" or "n/a")		son - See	e instructions p. 4]		
		E OF MAJOR SOURCES ADDRE  BUSINESS' INCOME OF SOUR			PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NIA			No.				
			. ///				
PART C REAL PROPERTY [Land, (if you have nothing to re		- See instructions p. 4]	when and where to file this form are located at the bottom of page 2.				
				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 PERSON (If you have nothing to			•	c See instructions	s p. 5]			
TYPE OF INTANGIB	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
DEFERRED COMP ACCOUNT		NATION WIDT						
529 ACCOUNT	FL PE	EPASO	COUFF	£				
(ERTSFICATE OF	f Drposit	_			FFORDAL	CREAT ULE		
PART E — LIABILITIES [Major de (If you have nothing to		p. 5]						
NAME OF CREDIT	ADDRESS OF CREDITOR							
NAUY FEOGRAL CR	PO BO	3000	MERRITS	ILD UA	22119 - 3000			
SUN COAST SCHOOLS	PO 130			PR, FL				
CHASE	PO BO)				9 H 322H-06			
PART F — INTERESTS IN SPECIFIC (If you have nothing to		•	of businesses - Sec SS ENTITY # 2	•	ESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NA							
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY						<u> </u>		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						ZYRYS.		
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A	THROUGH F ARE	CONTINUED	ON A SEPAR	ATE SHEET, F	LEASE CHEC	K HERE 🔲 💹		
SIGNATURE (requir		<u>D</u> A	TE SIGNE	D (required	a): [ [			
letall Rmc				5/28	12012			

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

\*12MAY30M 91350ELEE (0)F1

Supervisor of Elections
Sharon L. Harrington
P.O. Box 2545

Fort Myers, FL 33902

PRESORTED FIRST CLASS

WILLIAM

NEWHOUSE

2210 WEDARN WAY

FL 33901





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