FORM 1	STATEM	STATEMENT OF			2011
Please print or type your name, mailing address, agency name, and position belo	FINANCIAI	LINTERESTS	<u>:</u>		CL
LAST NAME FIRST NAME MIDDI	E NAME :	FOR OF	FICE	7	Os. 4
	hael	USE ON	ILY:	70	ENED OF 14 2012
MAILING ADDRESS :				FIE	1 4 2012
2518 SW 31 Lane			I ID Cod		LEE COUNTY
			ID Coo	16	LEE COTIONS
CITY:	ZIP: COUNTY:		ID No.		
Cape Coral	33914 Lee		,		
NAME OF AGENCY:	-	j j	Conf. (Code	
Cape Coral Police Department NAME OF OFFICE OR POSITION HE				, ,	
		- ushan\	P. Req	ı. Code	· · · · · · · · · · · · · · · · · · ·
Cape Coral Police Officer's P You are not limited to the space on the III	` '	<u> </u>	_		
CHECK ONLY IF CANDIDATE					
DISCLOSURE PERIOD:	H PARTS OF THIS SECT				
THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BELL DECEMBER 31, 2011	OW WHETHER THIS STATEMENT IS	S FOR THE PRECEDING TAX Y	EAR ENDI	NG EITHER (m	
,	_	TAX YEAR IF OTHER THAN T	HE CALENI	DAR YEAR:	
MANNER OF CALCULATING REPOR' THE LEGISLATURE ALLOWS FILER: REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASI	S THE OPTION OF USING REPOR OR USING COMPARATIVE THRESI	SHOLDS, WHICH ARE USUALL	Y BASED (ON PERCENTA	
COMPARATIVE (PERCENTAGE			ALUE THRE	•	
PART A - PRIMARY SOURCES OF II		the reporting person - See instru			
NAME OF SOURCE OF INCOME		URCE'S DRESS		CRIPTION OF T	HE SOURCE'S ESS ACTIVITY
Cape Coral Police Departm	ent 1100 Cultural Par	rk Blvd. Cape Coral,	-	Police O	fficer
	Florid	la 33990			
	OF INCOME and other sources of income to busines port , you must write "none" or "n/a		son - See ir	nstructions p. 4	1
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A					
				<u>,</u>	
PART C REAL PROPERTY [Land, (If you have nothing to rep	buildings owned by the reporting perso port, you must write "none" or "n/a"		when and where to file this form		
415 Cape Coral Parkway We	st, Cape Coral, Florida 33914	4			ttom of page 2.
(under business name)		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
				, -	· · ·
·				re described	ou may need on page 6.

PART D — INTANGIBLE PERSON. (If you have nothing to				ons p. 5]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
457 Deferred Compensation		Nationwide					
			·				
PART E — LIABILITIES [Major det (If you have nothing to			a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
N/A							
PART F — INTERESTS IN SPECIFIE (If you have nothing to re	D BUSINESSES [Owne sport, you must write "I BUSINESS EN	none" or "n/a")	ns in certain types of businesses - BUSINESS ENTITY # 2	See instructions p. 5] BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	N/A						
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):				ED (required):			
Daul dent			11/14/12				
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.

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.

Cendidates 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.