FORM 1	STATEM		2011	
Please print or type your name, mailing address, agency name, and position below:		LINTERESTS	S [_ (/
LAST NAME FIRST NAME MIDDLE I NEWMAIN DOWN MAILING ADDRESS: 1/750 Bramb	ald WALTER	FOR OF USE OF		, /12
Fort MYERS &	23905 Lee ZIP: COUNTY: mmunity Devalopme OR SOUGHT: on this form. Attach additional sheets	s, if necessary.	ID Code ID No. Conf. Code P. Req. Code	12MAY29FM1222 SOE LEE CO F1
**** BOTH DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011	/ WHETHER THIS STATEMENT IS	RECEDING TAX YEAR, WHETH	HER BASED ON A CAI YEAR ENDING EITHEI	R (must check one):
MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF Instructions for further details). PLEASE ST COMPARATIVE (PERCENTAGE) T	HE OPTION OF USING REPOR R USING COMPARATIVE THRESH TATE BELOW WHETHER THIS ST	HOLDS, WHICH ARE USUALL FATEMENT REFLECTS EITHER	Y BASED ON PERC	ENTAGE VALUES (see
PART A PRIMARY SOURCES OF INCO	DME [Major sources of income to the come to the come to the come of the come o	the reporting person - See instru		
NAME OF SOURCE OF INCOME AVERY ROSHY Group	ADD	JRCE'S DRESS	PRINCIPAL BU	OF THE SOURCE'S USINESS ACTIVITY
11.5, Social Securi				te Commission
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repor	INCOME other sources of income to busines t , you must write "none" or "n/a"	ses owned by the reporting per	son - See instructions	p. 4]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			INCIPAL BUSINESS TIVITY OF SOURCE
NIH				
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.	
<i>[V]H</i>			INSTRUCTION	IS on who must
			OTHER FORM to file are describ	

PART D — INTANGIBLE PERSONA (If you have nothing to r			of deposit, etc See instruction	ons p. 5]				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
IPA	C	Karles	Schwab					
ROTH IRA	C	harles	Schwah					
SEP IRA	C	harles	Schwab Schwab Schwab					
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						
IV/H					3			
					<u> </u>			
					SDE			
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	NIA		NA	NA				
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):					
Smild Wfinn		5/24/12						
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.

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CONSTITUTIONAL COMPLEX PO. BOX 2545 FORT MYERS, FLORIDA 33902

EE COUNTY

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

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