FORM 1	STATEM	ENT OF		2011
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		/
LAST NAME FIRST NAME MIDDLE N PEEK WOODE MAILING ADDRESS:	AME: Binfor	FOR OI USE OF		
1901 Clyford St Fortmyers 33	#1304 901 (EE got	600	ID Co	de Aug 14PH
NAME OF AGENCY:	ZIP: COUNTY:	R	ID No.	53488
NAME OF OFFICE OR POSITION HELD OF DEPUTY DICECTO	OR SOUGHT :		P. Red	1. Code H
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF		·		2014 PWF Form 1
**** BOTH I DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011	WHETHER THIS STATEMENT IS F	CEDING TAX YEAR, WHETH	IER BASEI 'EAR ENDI	O ON A CALENDAR YEAR OR ON NG EITHER (must check one):
MANNER OF CALCULATING REPORTABITHE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE ST	HE OPTION OF USING REPORTI USING COMPARATIVE THRESHO ATE BELOW WHETHER THIS STAT	LDS, WHICH ARE USUALL	Y BASED	ON PERCENTAGE VALÚES (see eck one):
PART A PRIMARY SOURCES OF INCO	'	reporting person - See instru	ictions p. 4]	
NAME OF SOURCE OF INCOME	SOUR ADDR			CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY
LECOUNTY BOCC	, , , , , , , , , , , , , , , , , , ,	Street tolkyer	A EN	10/048-
PAMBAUR Desul Cook	en4 10-100 Hwy	111 KACKO MITGECE	16	15 jon Plan Bonefil
	NCOME other sources of income to businesse , you must write "none" or "n/a")		son - See i	nstructions p. 4]
NAME OF N BUSINESS ENTITY	IAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
MAN				
110				
PART C REAL PROPERTY [Land, build (If you have nothing to report,	ings owned by the reporting person you must write "none" or "n/a")	- See instructions p. 4]	when a	G INSTRUCTIONS for nd where to file this form ated at the bottom of page 2.
Nolling			file this	UCTIONS on who must form and how to fill it out n page 3.
\	*			R FORMS you may need re 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		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
<u> </u>	10					
Non						
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructions p. 5] o report, you must write "none" or "n	/a")	1294 GITOR 4			
NAME OF CREDIT	·φR	ADDRESS OF CREDITOR				
1.00	$\mathcal{U}_{\mathcal{I}}$		ហ៊			
111)11			<u> </u>			
			<u> </u>			
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")						
tri you mave mounting to	report. vou must write "none" or "n/a'	1	71			
(it you note nothing to	report, you must write "none" or "n/a" BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	* * * *	")	<u>"</u>			
	* * * *	")	<u>"</u>			
NAME OF BUSINESS ENTITY	* * * *	")	<u>"</u>			
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	* * * *	")	<u>"</u>			
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	* * * *	")	<u>"</u>			
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	* * * *	")	<u> </u>			
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	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	BUSINESS ENTITY # 1	")	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	BUSINESS ENTITY # 1 THROUGH F ARE CONTINUE	BUSINESS ENTITY #2	BUSINESS ENTITY # 3			

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:

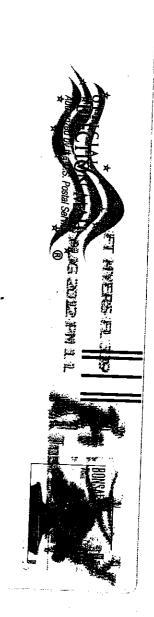
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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.

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545



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