FORM 1	STATEM	IENT OF		2011
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S	
HAST NAME - FIRST NAME - MIDDLE M TICKERING THEO MAILING ADDRESS: (e/O/ Du Dustre	bong here	SR FOR CUSE C	OFFICE ONLY:	Code Page 12. Land 12
CITY: The Fire + Resultance NAME OF AGENCY: Fire Commission NAME OF OFFICE OR POSITION HELD NA	ZIP: COUNTY: Le Dept.		ID N	Code No. Code Res. Code
You are not limited to the space on the lines of CHECK ONLY IF	_	•		
**** BOTH I DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011 MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS TI REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE ST COMPARATIVE (PERCENTAGE) THE	WHETHER THIS STATEMENT IS OR SPECIFY LE INTERESTS: HE OPTION OF USING REPORT USING COMPARATIVE THRESH TATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHET FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN TING THRESHOLDS THAT IOLDS, WHICH ARE USUAL ATEMENT REFLECTS EITHE	HER BASI YEAR ENI I'HE CALE ARE ABSI LY BASEI R (must c	ED ON A CALENDAR YEAR OR ON DING EITHER (must check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WHICH DON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF INCO	ME [Major sources of income to the you must write "none" or "n/a")	ne reporting person - See instr	uctions p.	4]
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
None				
		-		
PART B SECONDARY SOURCES OF I [Major customers, clients, and c (If you have nothing to report	NCOME other sources of income to business to you must write "none" or "n/a"	ses owned by the reporting pe	rson - See	e instructions p. 4]
NAME OF N BUSINESS ENTITY	IAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None				
PART C REAL PROPERTY [Land, build (If you have nothing to report,	you must write "none" or "n/a")	- See instructions p. 4]	when are loo INST file thi	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2. 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 PERSONAL PROF	ERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5]					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
1)one	BOOMESS ENTIT TO WHIST THE TROPERTY RELATES					
10000						
PART E — LIABILITIES [Major debts - See	estructions p. 51					
(If you have nothing to report, y						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
BANK OF AMERI	Frugers. FC					
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	SSES [Ownership or positions in certain types of businesses - See instructions p. 5] must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	18S					
NATURE OF MY OWNERSHIP INTEREST	E					
IF ANY OF PARTS A THROUG	H F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):	DATE SIGNED (required):					
Ted Pule 6-18-12						
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:					
After completing all parts of this form, includi signing and dating it. send back only the f 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.

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.

appointment or of the beginning of employme Appointees who must be confirmed by the Sens must file prior to confirmation, even if that is le than 30 days from the date of their appointme

Candidates for publicly-elected local office m file at the same time they file their qualify papers.

Thereafter, local officers/employees, sta officers, and specified state employees required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment. However, fill a CE Form 1F (Final Statement of Finance Interests) does not relieve the filer of filing CE Form 1 if he or she was in their position December 31, 2011.

			<u> </u>			
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 INTANGIBL	E	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
1)one						
	-					
PART E — LIABILITIES [Major deb (If you have nothing to	its - See instructions p. 5] report, you must write "none" or	"n/a")				
NAME OF CREDITO	OR	ADDRESS OF CREDITOR				
BANK OF AMERICA FOLLIERS. FC						
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	Done		· · · · · · · · · · · · · · · · · · ·			
ADDRESS OF BUSINESS ENTITY			12.1			
PRINCIPAL BUSINESS ACTIVITY			2JUN219#1118 SDE			
POSITION HELD WITH ENTITY			11 mg			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			100			
NATURE OF MY OWNERSHIP INTEREST			E			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):						
Seatuch	- J.	6-18-1:	2			
FILING INSTRUCTIONS:						
WHAT TO FILE: WHERE TO FILE: WHEN 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.

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.)

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Candidates file this form together with their qualifying papers.

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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.

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

Fort Myers, FL 33902

Ted L. Pickering 6101 Industry Ave. Ft. Myers, Fl. 33905

FORT MYERS FC 339

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