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 Plummer Janu MAILING ADDRESS:	L BUATON	FOR OFF USE ONL			
340 Fairweath Ft Myers Bea	New LN	<u></u>	ID Code		
CITY:	ZIP: COUNTY:		ID No.	12FEB1	
NAME OF AGENCY :			Conf. Co	12FEB16AM 8 47 SEE	
NAME OF OFFICE OR POSITION HELD			P. Req. (	%de 57 50 17 50 17 17 17 17 17 17 17 17 17 17 17 17 17	
You are not limited to the space on the line CHECK ONLY IF CANDIDATE				LEE CO.	
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):  DECEMBER 31, 2011  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  WANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see Instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):					
M COMPARATIVE (PERCENTAGE) PART A PRIMARY SOURCES OF INC	COME [Major sources of income to the			SHOLDS	
(If you have nothing to repo NAME OF SOURCE OF INCOME		RCE'S RESS		IPTION OF THE SOURCE'S IPAL BUSINESS ACTIVITY	
Etmyers Beach Roal			131	Kealtor	
Baird	10th St Andur	600 ln 46016	Stock	IRA	
PART B — SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	F INCOME  Id other sources of income to business  ort , you must write "none" or "n/a"	ses owned by the reporting pers	on - See ins	tructions p. 4]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA					
DART C. OSAL PROPERTY (Lond by	didings around by the capables serves	Con instructions a 41			
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")  70 Emily Lane Ftmers Beach F1 33931			when and	INSTRUCTIONS for I where to file this form and at the bottom of page 2.	
16500 John Mo		33908		CTIONS on who must orm and how to fill it out page 3.	
			OTHER	FORMS you may need elescribed 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 INTANGIB	LE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
nla						
			р. Т. У.			
		· · · · · · · · · · · · · · · · · · ·	12.EB			
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructions p. 5] o report, you must write "none" or "n/o	i')	SAM 8			
NAME OF CREDIT	ror	ADDRESS OF CREDITOR				
n/a			H H			
···········			Bywell			
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")						
PART F INTERESTS IN SPECIFIC	report, you must write "none" or "n/a")					
PART F INTERESTS IN SPECIFIC (If you have nothing to	ED BUSINESSES [Ownership or position report, you must write "none" or "n/a")  BUSINESS ENTITY # 1	ns in certain types of businesses - See ins	tructions p. 5] BUSINESS ENTITY # 3			
PART F — INTERESTS IN SPECIFIC (If you have nothing to NAME OF BUSINESS ENTITY	report, you must write "none" or "n/a")					
(If you have nothing to	report, you must write "none" or "n/a")					
(If you have nothing to	report, you must write "none" or "n/a")					
(If you have nothing to  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY	report, you must write "none" or "n/a") BUSINESS ENTITY # 1					
NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  1 OWN MORE THAN A 5%	report, you must write "none" or "n/a") BUSINESS ENTITY # 1					
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	report, you must write "none" or "n/a") BUSINESS ENTITY # 1					
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	THROUGH F ARE CONTINUED	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			

## WHAT TO FILE:

After completing all parts of this form, <u>including</u> <u>signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filling.

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.

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