FORM 1	STATEM	STATEMENT OF		/ 2011		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	s /			
MAILING ADDRESS :	1D ANTHONY	USE C	OFFICE INLY:			
10137 COLONIAL COVNTRY CLUBBLVD UNIT # 1110			IDCide			
CITY: ZIP: COUNTY: FT MYERS 33913 LEE NAME OF AGENCY:			ID No.	28 SOF		
NAME OF AGENCY : COLONIAL COUNTRY CUVB CDD NAME OF OFFICE OR POSITION HELD OR SOUGHT :			Conf. Code P. Reg. Code			
SVPERVISOR SEAT 4 You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.						
				2011 PERForm 1		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011 MANNER OF CALCULATING REPORTABL THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE STA COMPARATIVE (PERCENTAGE) TH PART A PRIMARY SOURCES OF INCOM	WHETHER THIS STATEMENT IS F <u>OR</u> SPECIFY T/ E INTERESTS: E OPTION OF USING REPORTI USING COMPARATIVE THRESHO ATE BELOW WHETHER THIS STAT RESHOLDS OR WE [Major sources of income to the	OR THE PRECEDING TAX AX YEAR IF OTHER THAN NG THRESHOLDS THAT DLDS, WHICH ARE USUAL TEMENT REFLECTS EITHE DOLLAR	YEAR ENDING EITHER (mus THE CALENDAR YEAR: ARE ABSOLUTE DOLLAR \ LY BASED ON PERCENTAG R (must check one): (ALUE THRESHOLDS	ALUES, WHICH		
(If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE SOURCE'S OF INCOME ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
SCHWAB TRA	CHARLES S.	CHWAB	BROXERAGE			
<u> </u>						
	GREENWOOD, CO	\$0155	<u> </u>			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the rep (If you have nothing to report , you must write "none" or "n/a") NAME OF BUSINESS ENTITY NAME OF MAJOR SOURCES OF BUSINESS' INCOME			ESS PRINCIPAL BUSINESS			
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")			when and where to file this form			
CONDO - 10137 COLONIAL COUNTRY CUNT BUD WIT # 1110			are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
			OTHER FORMS you may need to file are described on page 6.			

PART D — INTANGIBLE PERSONAL I (If you have nothing to rep	PROPERTY [Stocks, bonds, cert port, you must write "none" or		ee instructions p	o. 5])			
TYPE OF INTANGIBLE	ł	BUSINESS ENTITY TO WHICH THE PROPERTY RELITES						
N/A		· · · · · · · · · · · · · · · · · · ·						
<i>*/</i>	·	<u></u>						
	·		<u></u>		3			
PART E — LIABILITIES [Major debts - (If you have nothing to rep	- See instructions p. 5] port, you must write "none" or	"n/a")						
NAME OF CREDITOR		AD	DRESS OF CRE	EDITOR				
MGT MORTGAGE	Me, T p,	, PO Bry	1302,	BUFFAL	14240			
	10 PTGAGE 6950	S. TRANSIT	ED. U	001600	4045			
DADT E INTEDESTS IN SPECIEIED E		itions in certain types of h	ueinesses - See i	instructions n 51				
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		INTITY # 2	BUSINESS Er	NTITY # 3			
NAME OF BUSINESS ENTITY	NIA							
ADDRESS OF BUSINESS ENTITY	NIA			<u>] </u>				
PRINCIPAL BUSINESS ACTIVITY	NIA				Ξ.			
POSITION HELD WITH ENTITY	NIA				ម្ម			
1 OWN MORE THAN A 5%	NIA							
NATURE OF MY	NIA				х 9			
	ROUGH F ARE CONTINU			المركب ومحركة ومحدر كبروه				
SIGNATURE (required): DATE SIGNED (required):								
Daymond A Gow May 16, 2012								
	FILING IN	NSTRUCTIO	NS:					
WHAT TO FILE:	WHERE TO			HEN TO FILE:				
After completing all parts of this form, in	including If you were maile	If you were mailed the form by the Commission		Initially, each local officer/employee, state officer, and specified state employee must				
signing and dating it. send back only sheet (pages 1 and 2) for filing.	your annual disc	your annual disclosure filing, return the form to file within 30 days of the date of his of			date of his or her			
If you have nothing to report in a	that location.		Anno	ointment or of the beginn ointees who must be conf				
section, you must write "none" or "n/a section(s).	a" in that of Elections of the	ocal officers/employees the with the Supervisor of Elections of the county in which they permanently the prior to confirmation, even if that is less than 30 days from the data of their appointment						
about (o).	Florida, file with	orida, file with the Supervisor of the county Candidates for publicly-elected local office must						
NOTE:		hanere			ne same time they file their qualifying			
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed For	m 1 for a file with the Com	le with the Commission on Ethics, P.O. Drawer Thereaft			/employees, state			
calendar or fiscal year is not required	to file a address: 3600 M	5709, Tallahassee, FL 32317-5709; physical officers, and specified state emp ddress: 3600 Maclay Boulevard, South, Suite required to file by July 1st following ea						
second Form 1 for the same year. Ho candidate who previously filed Form 1 be	owever, a 201 Tallahassee	-		r in which they hold their				

Candidates file this form together with their

To determine what category your position falls

under, see the "Who Must File" Instructions on

Facsimiles will not be accepted.

qualifying papers.

page 3.

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.

another public position must at least file a copy of

his or her original Form 1 when qualifying.

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