FORM 1	STATEM	ENT OF		2011
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	S [	<u>, , , , , , , , , , , , , , , , , , , </u>
LAST NAME - FIRST NAME - MIDDI HEVORT DALL	ENAME: J	FOR O		
9020 CALOUSA	RO		I ID Code	
			ID Code	<u>, , , , , , , , , , , , , , , , , , , </u>
FORT MYERS	ZIP: COUNTY: 33967 LEE	=	ID No.	12FEB23AM 8 47 SOE LEE
CITY OF BONI	+A SPRINGS		Conf. Code	ນ ສ <u>ສ</u> ດ
ADVISORY BUARD	MEMBER		I P. Req. Code	47.SD
You are not limited to the space on the li	OR NEW EMPLOYEE OR AF			ELE
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	H PARTS OF THIS SECTI FINANCIAL INTERESTS FOR THE PRE LOW WHETHER THIS STATEMENT IS I	CEDING TAX YEAR, WHETH	HER BASED ON A CALEN	
DECEMBER 31, 2011  MANNER OF CALCULATING REPOR	<del></del>	AX YEAR IF OTHER THAN T	HE CALENDAR YEAR:	
THE LEGISLATURE ALLOWS FILER: REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASI	S THE OPTION OF USING REPORT OR USING COMPARATIVE THRESH E STATE BELOW WHETHER THIS STA	OLDS, WHICH ARE USUALI	Y BASED ON PERCENT	
COMPARATIVE (PERCENTAGE  PART A - PRIMARY SOURCES OF #	E) THRESHOLDS OR  NCOME [Major sources of income to the		ALUE THRESHOLDS	
(If you have nothing to re	port, you must write "none" or "n/a")			
NAME OF SOURCE OF INCOME	SOUR ADDR		DESCRIPTION OF PRINCIPAL BUSIN	IESS ACTIVITY
PAUS COMMUNITY PANKON	-Guil-1565 KED COS) HA	LIL FOR INVERSITE	73907   KA	rk
	OF INCOME and other sources of income to business sport , you must write "none" or "n/a"		rson - See instructions p. 4	4]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			IPAL BUSINESS TY OF SOURCE
PART C - REAL PROPERTY (Land, (If you have nothing to re	buildings owned by the reporting person port, you must write "none" or "n/a")	- See instructions p. 4]	FILING INSTRUCTION When and where to are located at the books.	file this form
			INSTRUCTIONS file this form and he begin on page 3.	
			OTHER FORMS to file are described	

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						
		:	<del>, , , , , , , , , , , , , , , , , , , </del>					
PART E — LIABILITIES [Major de (If you have nothing to			I/A- n/a"}		12FEB23			
NAME OF CREDITOR		ADDRESS OF CREDITOR						
					<u>₹</u>			
					47 SE			
					R			
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								
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 AR	E CONTINUE	D ON A SEPARATE SHEET. PL	EASE CHECK HERE	•			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required):  DATE SIGNED (required):								
1) allas 9	Sword		2/21/12					

# 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

Supervisor of Elections ATM BERNE FELICIANO PO BEX 2545 FOR MYERS, PC 35902

JACLAS REWAD GOLD CALDOSH RD FORT MYERS, 12 33567

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