Please print or type your name, mailing address, agency name, and position below: LAST NAME FIRST NAME MIDDLE NAME: S. mm ons Clayton MAILING ADDRESS:				
Simmons Clayton Daniel # Use only:				
	12AUS			
6691 Willow Luke Circle	=======================================			
Fr. Myers 33966 Lee	5006			
Lee County Schools	00 50E Lee 00 F1			
NAME OF AGENCY: Conf. Code	Ş			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : P. Req. Code				
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE	2011 PDF Form T			
**** 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 A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VAREQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE INSTRUCTIONS FOR FURTHER (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS	check one):			
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]				
	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
	nuipal			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")				
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]				
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL				
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF				
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF	F SOURCE			

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.

	PROPERTY [Stocks, bonds, certifice eport, you must write "none" or "n	cates of deposit, etc See instructions p. 5 n/a")	រា	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
None				
PART E — LIABILITIES [Major debts (If you have nothing to re	- See instructions p. 5] eport, you must write "none" or "n	ula")		
NAME OF CREDITOR ADDRESS OF CRED		ADDRESS OF CREDI	ITOR	
Nobil				
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	Now			
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				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required	SIGNATURE (required): 7/31/ R			
FILING INSTRUCTIONS:				

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 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.

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.

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



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