FORM 1	STATEMI		ENT OF		2011					
Please print or type your name, mailing address, agency name, and position be	ow:	FINANCIAL	INTERESTS	3/5	1					
LAST NAME - FIRST NAME - MIDE	LE NAM		FOROUSE	FFICE						
Stevens Tha	ıd	Wayne	Usi d	ATA:						
MAILING ADDRESS : 10638 Woods Circle			1							
10038 WOODS CITCLE	<del></del>		<del></del>	ID C	ode					
			:		<u> </u>					
CITY:	ZIP	: COUNTY:			<u> </u>					
Bonita Springs	341		IDN	°.						
NAME OF AGENCY :			_	Cont	12JUN2694 9					
Estero Fire Rescue  NAME OF OFFICE OR POSITION H		<del></del>								
	ł	I P. Re	eq. Code							
Estero Fire Rescue 175 Pension Board Member  You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.										
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										
**** 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, WHETHER BASED ON A CALENDAR YEAR OR ON										
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 VALUES, WHICH										
REQUIRES FEWER CALCULATIONS	, OR US	ING COMPARATIVE THRESH	IOLDS, WHICH ARE USUALI	Y BASED	ON PERCENTAGE VALUES (see					
instructions for further details). PLEAS		•	<b>~</b>		·					
COMPARATIVE (PERCENTAGE PART A PRIMARY SOURCES OF					RESHOLDS					
		u must write "none" or "n/a")		actions p.	ן <del>י</del>					
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Estero Fire Rescue - Pay	Estero Fire Rescue - Payroll		kwy Estero, FL 33928		Local Government					
		<u></u>								
			~-							
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")										
NAME OF	NAME OF   NAME		OF MAJOR SOURCES   ADDRESS		PRINCIPAL BUSINESS					
BUSINESS ENTITY	O	BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE					
NONE			<b></b>							
_ <del>-</del>										
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]  (If you have nothing to report, you must write "none" or "n/a")  NONE					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
NONL					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 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	ile	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
NONE										
<del></del>										
-										
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")  NAME OF CREDITOR  Bank Of America - Home Mortgage  Bank of America Home Loans PO Box 650070 Dallas, TX 7526					nr21.					
NAME OF CREDIT	OR	ADDRESS OF CREDITOR								
Bank Of America - Hom	e Mortgage	Bank of America Home Loans PO Box 650070 Dallas, TX 75265-00								
		<u></u>			6					
		-			帑					
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	Œ.					
NAME OF BUSINESS ENTITY	NON	E	<b></b>							
ADDRESS OF BUSINESS ENTITY	NON	E								
PRINCIPAL BUSINESS ACTIVITY	NON	Ė								
POSITION HELD WITH ENTITY	NON	E	-+							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NON	E								
NATURE OF MY OWNERSHIP INTEREST	NON	E		<u></u>						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE										
	· · · · · · · · · · · · · · · · · · ·									

SIGNATURE (required):

**DATE SIGNED (required):** 

6/23/12

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