FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2011

FINANCIAL INTERESTS					
(TO BE FILED WITHIN 60 DAYS OF LEAVING RUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME — FIRST NAME — MIDDLE NAM		NAME OF REPORTING PE	RSON'S A	GENCY:	
VALERA KICARDO	ALFREDO	LEE COUNTY	~ E	ROC.	
MAILING ADDRESS: 3461 <i>Policite (ASEN C</i>	+ 4102	CHECK ONE OF THE FOL	LOWING (see "Who Must File" on page 3):	
- TOTALE COMPACE	, 4,0,5	LOCAL OFFICE SPECIFIED ST		STATE OFFICER	
BONIM SPRINGS FO	34174	_ 00		APPINITED COMMITTED	
CITY: 2P:	COUNTY:			& TEGULATORY	
		TOO STREET, W	736.20.7	· J. I Charle	
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: *					
THIS STATEMENT REFLECTS MY FINANCIAL					
OFFICE OR EMILENMENT DESCRIBITIONS, WHICH DATE WAS 560, 20, 2011. (Date must be prior to 12/31/11)					
MANNER OF CALCULATING REPORTABLE INTELESTS: THE LEGISLATURE ALLOW PRESENTING THE SPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WITCH REQUIRES					
FEWER CALCULATIONS, OR USING COMPARATIVE THEESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (SEA instructions for further details). LEGGE STATE BELOW WILLIES THE THIS STATEMENT REFLECTS EITHER (must-sheck ρηθ).					
COMPARATIVE (PERCENTAGE	THRESHOLDS	OR 🗖 DOL	LÀR VALUI	E THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]					
(If you have nothing to report, you must write "none" or "n/a")					
NAME OF SOURCE OF INCOME	SOUR(ADDR			RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY	
SFWMD	2301 MCGNEG	ON BLUD, FOX		44 (
couler county (spor	(5) 3301 E.T.	AMIAMITTE.	GOV	. County Cocue	
/	<u> </u>		-	,	
1100 E. C.					
PART B SECONDARY SOURCES OF I			ome to bus	inesses owned by reporting person]	
(If you have nothing to report, you NAME OF I NAM	must write "none" or "n/a") E OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
	BUSINESS' INCOME	OF SOURCE ACTIVITY OF SOURCE		1	
NONE -					
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a") FILING INSTRUCTIONS for when and where to file this form are					
(ii you have itouring to report, you must write "none" or "n/a")				at the bottom of page 2.	
CONDOMINIUM UNIT.				RUCTIONS on who must file m and how to fill it out begin	
396/ POINTE CREEK CT 47/03 on page 3 of this packet.					
BON MA SPRINGS, FL 34134				OTHER FORMS you may need to file are described on page 6.	

PART D — INTANGIBLE PERSONAL PROP (If you have nothing to report, you mu	ERTY [Stocks, bonds, certificates of deposit, etc.] ust write "none" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
ADELM	DEFENSED COMP.		
F.R.S.	FLORIDA PEDIMENT SINEM		
<u> </u>			
9 11 2	The second of th		
PART E — LIABILITIES [Major debts] (If you have nothing to report, you mu	ADDRESS OF CREDITOR		
SVNCOAST F. C. UMAN	10 F.O. BOX 11909 TAMPA FL 33680		
(If you have nothing to report, you must business in the business and business and business activity POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	E ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE:	DATE SIGNED: 09/23/2011		
	FILING INSTRUCTIONS:		
WHAT TO FILE: After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted. WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes	WHERE TO FILE: Local officers: file with the Supervisor of Elections of the county in which you 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. To determine what category your position falls under, see the "Who Must File" Instructions		
another position within the 60-day period that requires filing financial disclosure on Form 1 or	on page 3.		

Form 6.