FORM 1	STATEM	ENT OF		2011
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		
VELET SER	FOR OF USE ON	_		
FORT MyERS,	FL 33913 ZIP: COUNTY!	LEE	ID O	₩ 4 P# 3
NAME OF AGENCY: LEE COUNTY NAME OF OFFICE OR POSITION HELD THOMESERING U You are not limited to the space on the lines	on this form. Attach additional sheets,	, if necessary.	Con	f. Code EE
CHECK ONLY IF CANDIDATE O				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011 MANNER OF CALCULATING REPORTABE THE LEGISLATURE ALLOWS FILERS TO REQUIRES FEWER CALCULATIONS, OF INSTRUCTIONS FOR FURTHER OF THE COMPARATIVE (PERCENTAGE) TO PART A PRIMARY SOURCES OF INCOMPARATIVE SOURCES OF INCO	WHETHER THIS STATEMENT IS OR SPECIFY TO SPECIF THE SHOULDS OR SPECIF THIS STATE BELOW WHETHER THIS STATE SHOULDS OR	ECEDING TAX YEAR, WHETHE FOR THE PRECEDING TAX YE TAX YEAR IF OTHER THAN TH TING THRESHOLDS THAT AF IOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER DOLLAR VA	ER BASE EAR END E CALE RE ABSO BASED (must cl	ED ON A CALENDAR YEAR OR ON DING EITHER (must check one): NDAR YEAR: DLUTE DOLLAR VALUES, WHICH O ON PERCENTAGE VALUES (see heck one): RESHOLDS
(If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE SOURCE'S			DES	SCRIPTION OF THE SOURCE'S
LEE COUNTY BOCK 1500 MONZ		RESS ST. FT. MyERS		GOVERNMENT
				
				
(If you have nothing to repor	INCOME other sources of income to business t , you must write "none" or "n/a" NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ses owned by the reporting pers) ADDRESS OF SOURCE	on - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE				
			i	
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 a	G INSTRUCTIONS for and where to file this form cated at the bottom of page 2.
			file thi begin	RUCTIONS on who must s 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 INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
با 20 2							
PART E — LIABILITIES [Major del (If you have nothing to			a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
GMAC MOTTGAGE		P.O. Box 4622 WATERLOO I A 50704-					
Were FARGO		P.O. Box 4622, WATERLOO, IA 50704- POBOX 660 455 DALLOS TX 75266-0455					
							
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")							
<u> </u>	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NONE	·					
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): DATE SIGNED (required):							
Agri JU 6/1/2012							
FILING INSTRUCTIONS:							

WHAT TO FILE:

After completing all parts of this form, <u>including</u> 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.

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" !nstructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, star officer, and specified state employee mu file within 30 days of the date of his or happointment or of the beginning of employmer Appointees who must be confirmed by the Senamust file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office mufile at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees a required to file by July 1st following each calend year in which they hold their positions.

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However, filing a CE Form 1F (Final Statement of Finance Interests) does not relieve the filer of filing CE Form 1 if he or she was in their position December 31, 2011.

PART D — INTANGIBLE PERSON (If you have nothing to				, etc See instructions p.	5]	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
ンのひだ						
PART E — LIABILITIES [Major de (If you have nothing to			/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR				
GMAC MOTTGAGE		P.O. Box 4622, WATERLOO, IA 50704-				4-
WELLS FARGO		-	60 455	· ·	75266-0455	
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NAME OF BUSINESS ENTITY	NONE		<u> </u>			
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 AR	E CONTINUE	ON A SEP	ARATE SHEET, PLE	ASE CHECK HERE	
SIGNATURE (required):			DATE SIGNED (required):			
S Ju				6/1/20	مار	

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