FORM 1	STATEME	ENT OF	-"	2011
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	INTERESTS		
LAST NAME FIRST NAME MIDDLE NA Welch Michael MAILING ADDRESS:	ME: Telles	FOR OF		, <b></b>
1923 Golfside V	Maje Dr.		ID C	12 N19
CITY Lehigh Acres 2 NAME OF AGENCY:	IP: COUNTY:	- 1	AD N	Code 6. Code
NAME OF OFFICE OR POSTION HELD O		ret V	ŀ	f. Code Heq. Code S
You are not limited to the space on the lines or CHECK ONLY IF CANDIDATE OR	this form. Attach additional sheets, if r	•	_	<b></b>
**** BOTH P. DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANT A FISCAL YEAR. PLEASE STATE BELOW V. DECEMBER 31, 2011  MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR INSTRUCTIONS FOR FURTHER OF FURTHER DECEMBER STATES.	WHETHER THIS STATEMENT IS FO  OR SPECIFY TAX  E INTERESTS: E OPTION OF USING REPORTING USING COMPARATIVE THRESHOL TE BELOW WHETHER THIS STATE	EDING TAX YEAR, WHETH R THE PRECEDING TAX Y ( YEAR IF OTHER THAN TH G THRESHOLDS THAT ALDS, WHICH ARE USUALL' MENT REFLECTS EITHER	ER BASE EAR ENI HE CALE RE ABSO Y BASEI (must ci	ED ON A CALENDAR YEAR OR ON DING EITHER (must check one):  NDAR YEAR:
PART A PRIMARY SOURCES OF INCOM (If you have nothing to report, y		eporting person - See instru	ctions p.	4]
NAME OF SOURCE OF INCOME	SOURCE ADDRES		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
$\boldsymbol{\tau}$	1 601 E. County Ly	r. Lobyh Aus is	leh	to Carlo 1
Building Tidustry Icasus of SW Florida CLC	8359 Bacon BW	1. #320 ANGES	2 6	restruction Feelistry
		-0 7	Con	sulting-Lobbing.
	COME her sources of income to businesses you must write "none" or "n/a")	owned by the reporting pers	on - See	instructions p. 4]
	OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<u> </u>	<del></del>			
<del></del>	<del></del>	<del></del>		
PART C REAL PROPERTY [Land, building (If you have nothing to report, y			when a are loc	G INSTRUCTIONS for and where to file this form cated at the bottom of page 2.  RUCTIONS on who must s form and how to fill it out
			begin OTHE	er FORMS you may need are described on page 6.

	~		<del></del>			
PART D — INTANGIBLE PERSONAL P			5]			
(If you have nothing to repo	ort, you must write "none" or "n	/a")				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
W/A.						
PART E — LIABILITIES [Major debts - S	See instructions p. 5] ort, you must write "none" or "n	/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR				
Lattle Investment	10. 25 Hon	25 Homestead Rd. #11, Lelyb Acres, FC				
Capital One Arto 3505 N. Dellas PKun. Plano, TX.						
Sallie Mee	Po 95	00, Wilkes-Bure	PH 18773			
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			12.			
PRINCIPAL BUSINESS ACTIVITY						
			<u></u>			
POSITION HELD WITH ENTITY			12JUN 1944			
I OWN MORE THAN A 5%			<del></del>			
			<del></del>			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	OUGH F ARE CONTINUED	ON A SEPARATE SHEET, PLE	B 49 SOE			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST		O ON A SEPARATE SHEET, PLE DATE SIGNED	B 49 SS ASE CHECK HERE □⊞			

# 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.

12JUN1984 8 49 SOE LEE CO F1

Michael J. Welch 1923 Golfside Village Drive Lehigh Acres, FL 33936

et extend the part

L S MA CHAN MINE AT

USA FIRST DATE OF THE PROPERTY OF THE PROPERTY

Supervisor of Elections
Sharon L. Harrington
P.O. Box 2545
Fort Myers, FL 33902