FORM 1	ENT OF			2011					
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERESTS		,				
WELEBNY MAILING ADDRESS:	R	DUALD J	FOR O USE O						
CITY: CAPE CORAL NAME OF AGENCY: LACULA ESTATES NAME OF OFFICE OR POSITION HE SUPERI//SOR You are not limited to the space on the I CHECK ONLY IF CANDIDATE	ZIP:	COUNTY: 4-5877 LE 1 <i>UNITY DEVELO</i> : GOUGHT:	, if necessary.			JESPES 6 WELZONGET.			
**** 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 ENDING EITHER (must check one): 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 USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS									
PART A - PRIMARY SOURCES OF I (If you have nothing to re NAME OF SOURCE			See instructions p. 4] DESCRIPTION OF THE SOURCE'S						
OF INCOME		ADD	PRINCIPAL BUSINESS ACTIVITY						
SOCIAL SECURITY REALESTATE COMMIS		U.S. S.S.A.	BUTERS-SELLERS-BROKERS						
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 BUSINESS ENTITY			E OF MAJOR SOURCES ADDRESS BUSINESS' INCOME OF SOURCE			L BUSINESS OF SOURCE			
LACULIA 125747KG C.D.D.	LAA	15 OWNEST (5)	9830 MARKLIPUNA	33912	33912 C.D.D.				
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") RESIDENTIAL LOT					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out				
7 - Sec 1704 (begin o	s form and how on page 3. ER FORMS you are described or	∌ may need			

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	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES									
N/A										
~/~		_	<u> </u>							
					··					
		-	<u> </u>							
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")										
NAME OF CREDIT	ADDRESS OF CREDITOR									
PROVIDELLIT FULLDIL	Box 59	IN SANTI	1 ROSA	CA 954	102					
CITI		110 ST. 40								
FOUR DIAMONITS	6249 PREMIDENTIAL CT FT. MYERS FL									
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")										
	ENTITY # 1	BUSINESS E	NTITY#2	BUSINES	S ENTITY #3					
NAME OF BUSINESS ENTITY	RO4A45 V. L	DELRIBNY.				-				
ADDRESS OF BUSINESS ENTITY	RESIDENCE									
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE 1	BROKERACE				3AU(221A				
POSITION HELD WITH ENTITY	PRISIDEM	<i></i>				219				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	423					93				
NATURE OF MY OWNERSHIP INTEREST	QUALIFYING	BROILER				88				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE										

SIGNATURE (required):

DATE SIGNED (required):

7400

mulfahren

08-20-2012

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.

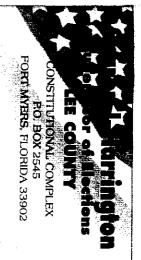
WHEN TO FILE:

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.



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SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

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