FORM 1	STATEM	ENT OF		2011		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS					
LAST NAME FIRST NAME MIDDLE N Weyant Sorona	AME: 2 Rahn	FOR O USE O				
MAILING ABDRESS: 3441 Malagrotta	Cirde		$ \mathbf{L} $			
Cape Loral 33			f. Code eq. Code  FINAL PRINTERS OF FIRE CONTRACTOR			
CITY:	•	IDN	io.			
Bulla VI da Comunity	stict	Con	f. Code			
NAME OF OFFICE OR POSITION HELD &		P. R	eq. Code			
You are not limited to the space on the lines of CHECK ONLY IF   CANDIDATE  OF		8 E				
***** 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  PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]						
NAME OF SOURCE OF INCOME	you must write "none" or "n/a")	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Invento Hearth	500 Atrium	Drive 3 merset				
	NJ 0887					
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 N BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NA						
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")				FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.  INSTRUCTIONS on who must		
			begin	is form and how to fill it out on page 3.  ER FORMS you 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 INTANGIBLE			BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NA							
	<del></del>			AND THE PROPERTY OF THE PROPER			
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			ADDRESS OF CREDITOR				
ACS-Edulation		PO BOX	POBOX 371821 PHSLIGH, PA 15250-7821				
wuls fargo multigace		PO BOX	_ ,				
	<del></del>						
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	N	X		4 9 113			
ADDRESS OF BUSINESS ENTITY				4 P#			
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY				79			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST				9			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):			DATE SIGNED (required):				
Oweynt		+	5/30/12				

## 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 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.



FORT NYERS FILES

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for Box 2545 for Box 2545 fort Myss, fl 35901



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