FORM 1	1 STATEMENT OF			2011	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	S		
LAST NAME FIRST NAME MIDDLE	, <u>,</u> , ,	FOR O			
WITKINSON,	KAtherine A	USE OI	NLY:		
P.O. BOX	381			n i	
Fort Myers	FL 33902	Lee	IDC	ANZ4	
Alva Fire Prot	cotion/Rescue	District	ID N	Ode 27A724PM1223 SDE	
NAME OF AGENCY:	, /	\	Conf	. Code	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req. Code					
<u> Seat #3</u>					
You are not limited to the space on the line	<i>'</i>				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR AF	PPOINTEE	_	2011 PDF Form 1	
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 INC	COME [Major sources of income to the ort, you must write "none" or "n/a")				
NAME OF SOURCE	SOURCE'S			SCRIPTION OF THE SOURCE'S	
State of Florid	Tallahassee			dicial Assistan	
SIAIL OF TIONA	THIE OF FIDRICA TATIONS SEE		A IC	11 Clay 113=13 Tun	
					
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	NAME 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")			when	G INSTRUCTIONS for and where to file this form tated at the bottom of page 2.	
† Dinestead				RUCTIONS on who must	
20 Acres Ranch Hwy gad, Glades Co, FI				on page 3.	
Sec 35-42-48				R FORMS you may need are described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Si (If you have nothing to report, you must		etc See instructions p. 5]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
	Wells Fargo	Fargo - Ft Myors FL		
1	northern 7.	Fust - FT Myers FL		
63				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, you must				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Wells Fargo	H Myer:	s, FL		
•, J	,	·		
- a.·				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (If you have no plant to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY AIVA CA	trus			
ADDRESS OF BUSINESS ENTITY $P.D.Box$	381			
PRINCIPAL BUSINESS ACTIVITY # Myer	FL			
POSITION HELD WITH ENTITY Preside	nt			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST	90			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required):	D/	DATE SIGNED (required):		
Kashin a Weeks	nî	5-24-12		

WHAT TO FILE:

After completing all parts of this form, <u>Including signing and dating it</u>, 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.