| FORM 1   | STATEM  | STATEMENT OF   |   |  |  |
|--|---|--|---|--|--|
| Please print or type your name, mailing address, agency name, and position belo  | FINANCIAL   | INTERESTS _  |   |  |  |
| LAST NAME - FIRST NAME - MIDDI   | LE NAME :   | FOR OFFICE<br>USE ONLY:  |   |  |  |
| MAILING ADDRESS:   | ST  | N <u>0</u>   | , L   |  |  |
| ,  |   | , ID C   | Code \$\frac{1}{2} \frac{1}{4}  |  |  |
| CITYFMB  | ZIP: COUNTY:  | Lee 101  | io. 3   |  |  |
|  | IC LIBRARY!   | 154716   | f. Code  Fig. Code   |  |  |
| NAME OF OFFICE OR POSITION HE  | or Seat   |  | eq. Code H  |  |  |
| You are not limited to the space on the li   | nes on this form. Attach additional sheets OR NEW EMPLOYEE OR A   |  |   |  |  |
| DISCLOSURE PERIOD:   | **** 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 SHEED THE OPTION OF HEING REPORTING THRESHOLDS THAT ARE ARSOLUTE DOLLAR VALUES WHICH   |   |  |   |  |  |
| 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  |   | DOLLAR VALUE TH  |   |  |  |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]  (If you have nothing to report, you must write "none" or "n/a")  |   |  |   |  |  |
| (ii you have nothing to re   | port, you must write "none" or "n/a")   |  | •   |  |  |
| NAME OF SOURCE<br>OF INCOME  | sou   | RCE'S   DE   | SCRIPTION OF THE SOURCE'S<br>RINCIPAL BUSINESS ACTIVITY   |  |  |
| NAME OF SOURCE<br>OF INCOME  | sou   | RCE'S DE   | SCRIPTION OF THE SOURCE'S   |  |  |
| NAME OF SOURCE<br>OF INCOME  | SOU<br>ADD  | RCE'S DE   | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY  |  |  |
| NAME OF SOURCE<br>OF INCOME  | SOU<br>ADD  | RCE'S DE   | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY  |  |  |
| NAME OF SOURCE OF INCOME RALLOAD RELITE PART B SECONDARY SOURCES (Major customers, clients, a  | SOU ADD  Proof Jacksonu.  OF INCOME and other sources of income to busines  | RCE'S DE PI  | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY  Pension   |  |  |
| NAME OF SOURCE OF INCOME RALLOAD RELITE PART B SECONDARY SOURCES (Major customers, clients, a  | OF INCOME and other sources of income to busines sport, you must write "none" or "n/a"  | RCE'S DE PI  | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY  PENSION  e instructions p. 4]   |  |  |
| NAME OF SOURCE OF INCOME  RALLOAD RELITE  PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re   | SOU ADD  Proof Jacksonu.  OF INCOME and other sources of income to busines  | RCE'S DE RESS PI  ((***)  Ses owned by the reporting person - Ser ")  ADDRESS OF SOURCE  | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY  PENSION  instructions p. 4]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  |  |  |
| PART B SECONDARY SOURCES (Major customers, clients, a  | OF INCOME and other sources of income to busines sport, you must write "none" or "n/a  NAME OF MAJOR SOURCES  | RCE'S DE PI  Cle FL  sees owned by the reporting person - Ser  ADDRESS OF SOURCE  7205 ESTUDOS   | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY  Pension  instructions p. 4]  PRINCIPAL BUSINESS   |  |  |
| PART B SECONDARY SOURCES (Major customers, clients, a (if you have nothing to re  NAME OF BUSINESS ENTITY  | OF INCOME and other sources of income to busines sport, you must write "none" or "n/a  NAME OF MAJOR SOURCES  | RCE'S DE RESS PI  ((***)  Ses owned by the reporting person - Ser ")  ADDRESS OF SOURCE  | PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS ACTIVITY OF SOURCE   |  |  |
| PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re  NAME OF BUSINESS ENTITY  CONTACT SEA   | OF INCOME and other sources of income to busines eport, you must write "none" or "n/a"  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  REFERENCE  PROPERTY OF THE | RCE'S DERESS PI  | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY  PENSION  instructions p. 4]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  |  |  |
| PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re  NAME OF BUSINESS ENTITY  CONFUS BY HE SCA  PART C REAL PROPERTY [Land, (If you have nothing to re)   | OF INCOME and other sources of income to busines eport, you must write "none" or "n/a"  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  PERSON INCOME  Duildings owned by the reporting person port, you must write "none" or "n/a")   | Sees owned by the reporting person - See  ADDRESS OF SOURCE  7205 ESTA 0 B    FM B, FL 3 573    n - See instructions p. 4]  FILLIT  when   | PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  STORE  NG INSTRUCTIONS for and where to file this form                   |  |  |
| PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re  NAME OF BUSINESS ENTITY  CONFUS BY HE SCA  PART C REAL PROPERTY [Land, (If you have nothing to re)   | OF INCOME and other sources of income to busines eport, you must write "none" or "n/a"  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  PERSON INCOME  Duildings owned by the reporting person port, you must write "none" or "n/a")   | RCE'S DERESS PICE  Sees owned by the reporting person - See  ")  ADDRESS OF SOURCE  7205 ESTC 0 B /  FMB, FC 3573 /  n - See instructions p. 4]  FILLI When are lo                   | PRINCIPAL BUSINESS ACTIVITY  Pensions p. 4]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  STORE  NG INSTRUCTIONS for and where to file this form cated at the bottom of page 2. |  |  |
| PART B SECONDARY SOURCES (Major customers, clients, a (If you have nothing to re  NAME OF BUSINESS ENTITY  CONFUS BY the Sea  PART C REAL PROPERTY [Land, (If you have nothing to re)  | OF INCOME and other sources of income to busines eport, you must write "none" or "n/a"  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  PERSONE  buildings owned by the reporting person   | RCE'S DERESS PICESS  Sees owned by the reporting person - See  ADDRESS OF SOURCE  7205 ESTC 0 B / FMB, FC 3 573 / When are lower the see instructions p. 4]  B 3 7 3 / INST file the | PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  STORE  NG INSTRUCTIONS for and where to file this form                   |  |  |

| PART D — INTANGIBLE PERSONA<br>(If you have nothing to i       | L PROPERTY [Stocks, bonds, certific report, you must write "none" or "r | cates of de 12:11 N. 4 90 9 49 50 5. 1.       | 500F1  |  |  |
|--|---|---|--|--|--|
|  |   |   | PRODUCTV DELATES   |  |  |
| TIPE OF INTANGIBLE   |   | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |  |  |  |
|  |   |   |  |  |  |
|  |   |   | <u> </u>   |  |  |
|  |   |   |  |  |  |
| PART E — LIABILITIES [Major debt:<br>(If you have nothing to r | s - See instructions p. 5]<br>report, you must write "none" or "n       | /a")  |  |  |  |
| NAME OF CREDITO  | R   | ADDRESS OF CREDITOR                           |  |  |  |
| BANKOT   | America F M   | BFI (n  | nitages  |  |  |
| DITION .   | Therea 1 11   | 0 1 - ("                                      | مرام المرام المر |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |
| PART F - INTERESTS IN SPECIFIED                                | BUSINESSES [Ownership or position                                       | ons in certain types of businesses - See ins  | tructions p. 5]  |  |  |
| (IT you have nothing to re                                     | port, you must write "none" or "n/a"<br>BUSINESS ENTITY # 1             | ) BUSINESS ENTITY # 2 .                       | BUSINESS ENTITY # 3  |  |  |
| 144.77 OF OUR WESS TUTTO                                       | 11  | DOGRAÇOS ENTITUA Z                            | BOOMALOO LIVITTY # 5   |  |  |
| NAME OF BUSINESS ENTITY  | Done  |   |  |  |  |
| 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 TH   | ROUGH F ARE CONTINUE  | ON A SEPARATE SHEET, PLE                      | ASE CHECK HERE   |  |  |
| SIGNATURE (required):  DATE SIGNED (required):                 |   |   |  |  |  |
|  |   | 06/0/   | 06/01/12   |  |  |
|  |   |   |  |  |  |

## 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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.