FORM 1	MENT OF	2011				
Please print or type your name, mailing address agency name, and position belonger	FINANCIAI	L INTEREST	S			
LAST NAME FIRST NAME MIDD		FOR	OFFICE			
YOUMAUS - A	AURA-LEE	USE	ONLY:			
12108 LEOGE		ı ID Code		-		
FORT MYERS CITY: CYPRESS SHA NAME OF AGENCY:	LEE			12JUN1191151 SDE		
CUPPESS SHA	S DE DEVERON	NO NO		Zi.		
NAME OF AGENCY:	TRICT	0-10-1	_	3		
SECRETARY NAME OF OFFICE OR POSITION HE		Conf. Cod		151		
NAME OF OFFICE OR POSITION HE		P Req. Co	de	8		
You are not limited to the space on the li	nes on this form. Attach additional sheet	s, if necessary.			H	
CHECK ONLY IF CANDIDATE	APPOINTEE			Š		
	H PARTS OF THIS SECT	ION MUST BE COM	IPLETED *	***		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS FOR THE PR	RECEDING TAX YEAR, WHET	HER BASED ON	I A CALENDAR YEAR OR (ON	
A FISCAL YEAR. PLEASE STATE BEL DECEMBER 31 2011	<u> </u>	FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN		•		
MANNER OF CALCULATING REPORT	<u> </u>	IAX TEAR II OTHER TEAR	THE CALLADAN	TEAN.	_	
THE LEGISLATURE ALLOWS FILERS	THE OPTION OF USING REPOR	TING THRESHOLDS THAT	ARE ABSOLUTE	DOLLAR VALUES, WHI	СН	
REQUIRES FEWER CALCULATIONS, instructions for further details) PLEASE					see	
COMPARATIVE (PERCENTAGE			VALUE THRESH	OLDS		
PART A - PRIMARY SOURCES OF IT	NCOME [Major sources of income to t port, you must write "none" or "n/a"	he reporting person - See instr)	uctions p 4]			
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
CAMERATTA COMPA		REAL	ESTATE	-		
FORT MYERS FL. 330						
PART B - SECONDARY SOURCES ([Major customers, clients, a (If you have nothing to re)	OF INCOME nd other sources of income to busines port , you must write "none" or "n/a	ses owned by the reporting pe	rson - See instru	ctions p 4]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS	ĺ	PRINCIPAL BUSINESS		
DUTHWEST FLORIDA	DESIGN CONSULTING	OF SOURCE	000 012	ACTIVITY OF SOURCE		
DES16NS	FORT MYERS	E	HOME DESIGN	<u> </u>		
	<u> </u>		913	· · · · · · · · · · · · · · · · · · ·		
PART C REAL PROPERTY [Land, b	uildings owned by the reporting person	n - See instructions p. 41				
(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.		
HUME - 12108 LEOWE WOOD CIECK				TIONS on who must		
FORT MYEES R. 33913				n and how to fill it out ge 3.		
				ORMS you may need		
			to file are de	escribed on page 6.	1	

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							
CERTIFICATE OF DECOST		PERSONAL							
SAVINGS ACCOUNT		PERSONAL							
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 RCS RESIDENTIAL PD.BOX 78954 PHOENIX, AZ 85062 CREDIT SOLITION 8954									
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 ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY									
NAME OF BUSINESS ENTITY	\mathcal{N}	la				1119			
ADDRESS OF BUSINESS ENTITY						<u> </u>			
PRINCIPAL BUSINESS ACTIVITY						51 9			
POSITION HELD WITH ENTITY						30			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						THE SECOND			
NATURE OF MY OWNERSHIP INTEREST						T			
IF ANY OF PARTS A	THROUGH F ARE	CONTINUED	ON A SEPARATE SHE	ET, PLEASE (CHECK HERE				
SIGNATURE (requir		DATE SIGNED (required):							
Galu Ay	`	6/1/2012							
FILING INSTRUCTIONS:									

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 filling.

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.

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 fite 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 80 days of leaving office or employment. However, filling a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filling a CE Form 1 if he or she was in their position on December 31, 2011

*12JUN119#1151 SOELEE COF

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REE COUNTY ELECTIONS OFFICE P.O. BOX 2545 FORT MYCES, EC. 33502

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