CANDIDATE OATH – NONPARTISAN OFFICE							
(Not for use by Judicial or							
School Board Candidates)		OFFICE USE ONLY					
OATH OF CANDIDATE (Section 99.021, Florida Statutes)							
I, Leslie K. Kinsey		1722					
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BA		> >					
am a candidate for the nonpartisan office of Iona M	cGregregor Fire Comm (office)	nissioner , <u>کر ج</u> , (dişt <i>itet #</i>)					
· 2 ; I am a qualified of		رمیتاباردین County, Florida;					
(circuit #) (group or seat #)	· · · · ·	H					
I am qualified under the Constitution and the Laws of elected; I have qualified for no other public office in concurrent with the office I seek; and I have resigned Section 99.012, Florida Statutes; and I will support the State of Florida.	the state, the term of wh from any office from which e Constitution of the United	ich office or any part thereof runs I am required to resign pursuant to					
Signature of Candidate Telephone		Email Address					
1230 Westfield Drive Fort Myers	FL	33919					
Address City	State	ZIP Code					
Candidate's Florida Voter Registration Number (located							
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):							
LES-lee kay KIN-zee							
STATE OF FLORIDA COUNTY OF	WAANAA						
Sworn to (or affirmed) and subscribed before me this 17^{\pm} day of May , 2012.							
Personally Known: or Produced Identification:	Signature of No Print, Type, or Si	tary Public Stary Public					
Type of Identification Produced: <u>FL. Driver Lice</u>		KAILAH M. TINER MY COMMISSION # EE 134854 EXPIRES: October 2, 2015 Bonded Thru Notary Public Underwriters					

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FORM 1		STATEM	ENT OF				2011	
Please print or type your name, mailing address, agency name, and position belo	w.	FINANCIAL	INTERE	ESTS	Γ			
LAST NAME FIRST NAME MIDDL Kinsey Lesli MAILING ADDRESS :		: Kern		FOR OFFIC USE ONLY:	_			
1230 Westfield Drive				ľ	ID C	ode		
CITY : Fort Myers NAME OF AGENCY :	ZIP : 339:		· · · · · · · · · · · · · · · · · · ·		ID N	o. . Code		
NAME OF OFFICE OR POSITION HEI					P. Re	eq. Code	2	
Iona McGregor Fire Commissioner, Seat 2 You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF I CANDIDATE OR IN NEW EMPLOYEE OR APPOINTEE								
**** 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 Image: Color of the preceding the								
COMPARATIVE (PERCENTAGE PART A PRIMARY SOURCES OF IN	COME	Major sources of income to th	ne reporting person -	OLLAR VALU	· · ·			
(If you have nothing to rep NAME OF SOURCE OF INCOME	ort, you		RCE'S RESS					
Kinsey Associates, Inc.		P.O. Box 1662, For	902	PRINCIPAL BUSINESS ACTIVITY Real Estate Brokerage				
Starboard Development Co	rp.	P.O. Box 1662, Fort Myers, FL 33902			Real Estate Development			
NA				4 				
NA						· · · · · · · · · · · · · · · · · · ·	-	
(If you have nothing to re	nd other port , yo	sources of income to busines u must write "none" or "n/a	")		- See			
NAME OF BUSINESS ENTITY		OF MAJOR SOURCES BUSINESS' INCOME	ADDRI OF SOL				AL BUSINESS OF SOURCE	
NA		. I	.*				· · · · · · · · · · · · · · · · · · ·	
NA								
NA								
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p (If you have nothing to report, you must write "none" or "n/a")			V	/hen	IG INSTRUCT and where to file cated at the both	e this form		
9101 W. College Pointe Drive, Fort Myers, FL 33919								
Land-US 41 at Vintage Pkwy, Fort Myers, FL			fi	ile th	RUCTIONS or is form and how			
Land-US 41 at Diplomat Pkwy, N. Fort Myers, FL			··· ·	-	on page 3,			
Land-Corner Veterans Pkwy & Country Club Blvd, Cape Coral FL				DTH	ER FORMS yo are described o	u may need		
Land-Corner Bayshore & Slater Roads, N. Fort Myers, FL CE FORM 1 - Effective: January 1, 2012. Refer to Rule 34-8.202(1), FA.C. (Continued on reverse side)						<u>SALT</u>	PAGE 1	

Part E-Liabilities (Continued)

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Name of Creditor

Florida Gulf Bank

Bank of America

Address of Creditor

P.O. Box 2939, Fort Myers, FL 33902

PO Box 5170, Sun Valley, CA 93062

ORIGINAL



PART D — INTANGIBLE PERSON (If you have nothing to	VAL PROPERTY [Sto to report, you must v	cks, bonds, certifi write "none" or "	icates of deposit, etc See instr n/a'')	uctions p. 5]			
	3LE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Florida Gulf Bank Com	imon Stock			velopment Corp.			
UBS CMA Acct./Ed	quities	James E. Kinsey Jr. 🥂 💦 📰					
NA					GUPY		
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructions o report, you must w	rp. 5] /rite "none" or "r	n/a'')				
NAME OF CREDIT	IOR	ADDRESS OF CREDITOR					
Bank of Ameri	Bank of America		PO Box 5170, Sun Valley, CA 93062				
Chase Manhati	Chase Manhattan			PO Box 9001871, Louisville, KY 40290			
Green Tree Mortgage	Servicing		345 St. Peter St., St.	Paul, MN 5	Paul, MN 55102-4405		
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	NA		NA		NA		
ADDRESS OF BUSINESS ENTITY					5.4 1		
PRINCIPAL BUSINESS ACTIVITY					- Di		
POSITION HELD WITH ENTITY					223		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					بر بر در		
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A 1	THROUGH F ARI	E CONTINUEI	D ON A SEPARATE SHE	ET, PLEASE			
SIGNATURE (requir			DATE SIG				
Aplie K. Kushi 5/21/12							
FILING INSTRUCTIONS:							
WHAT TO FILE:	W	HERE TO F	FILE:	WHEN TO FILE:			
After completing all parts of this form <u>signing and dating it</u> , send back of sheet (pages 1 and 2) for filing.	only the first on l you that	Ethics or a Count	the form by the Commission ty Supervisor of Elections for ure filing, return the form to	officer, and file within 30	 h local officer/employee, state specified state employee must days of the date of his or her or of the beginning of employment. 		
section(s). of Elections of the reside. (If you			loyees file with the Supervisor Inty in which they permanently not permanently reside in	must file prior	no must be confirmed by the Senate to confirmation, even if that is less from the date of their appointment.		

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.

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.

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.