

**CANDIDATE OATH –
NONPARTISAN OFFICE**

119723497

WAHRER, MARILYN H
10034 HORSE CREEK RD
FORT MYERS FL 33913

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Medge Wahrer
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of COLONIAL COUNTRY CLUB CDD,
(office) (district #)
5; I am a qualified elector of LEE County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Marilyn Wahrer 239 898-4308 WVWAHOME@COMCAST.NET
Signature of Candidate Telephone Number Email Address

WAHRER, MARILYN H 119723497
10034 HORSE CREEK RD Code
FORT MYERS FL 33913

Candidate's Florida Voter Registration Number _____

* 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):

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 17th day of May, 20 12.

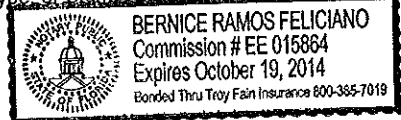
Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FLDL

Bernice Ramos Feliciano
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



FORM 1

STATEMENT OF

2011

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

WAHRER, MARILYN H
10034 HORSE CREEK RD
FORT MYERS FL 33913

119723497

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

NAME OF AGENCY :

Colonial C.C. CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

SEAT 5

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR 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 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 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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOCIAL SECURITY	PO BOX 3600 WILKES-	RETIREMENT
	BARRE PA 18767	

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
N/A			

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")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

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
VARIOUS ACCTS (MONEY MARKE, STOCKS)	EQUITY PLANNING " "

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
5/3 BANK	WWW.53.COM

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/A		
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 THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

Marilyn Wahrer

5/17/12

WAHRER, MARILYN H
 10034 HORSE CREEK RD
 FORT MYERS FL 33913

119723497

INSTRUCTIONS:

FILE:

File the form by the Commission
 Inty Supervisor of Elections for
 sure filing, return the form to

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.

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.

-----*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.