| | FORM 1 | FORM 1 STATEMENT OF | | | 2012 | | | | | | |
|---|--|---|-------------------------------|---|---|----------------------------|--|--|--|--|--|
| | Please print or type your name, mailing address, agency name, and position below | FINANCIAL | INTEREST | $S \int$ | FOR OFFICE USE ONLY: |] | | | | | |
| | MAILING ADDRESS: MAILING ADDRESS: CITY: LEC COUNT NAME OF AGENCY: NAME OF OFFICE OR POSITION HEL You are not limited to the space on the line CHECK ONLY IF CANDIDATE | da flewy 3904 le zip: county: 1 Board of County DOR SOUGHT: | • | • | | 1300 331 305 0060MOEXUMET. | | | | | |
| | **** BOTH | I PARTS OF THIS SECT | ION MUST BE COM | IPLET! | ED **** | | | | | | |
| 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, 2012 OR DECEMBER 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). CHECK THE ONE YOU ARE USING: 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") | | uctions] | | | | | | | |
| NAME OF SOURCE SOURCE'S OF INCOME ADDRESS | | | RCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | | | | |
| _ | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| | | | | | | | | | | | |
| | PART B - SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to report to the control of th | d other sources of income to business | ses owned by the reporting pe | rson - See | instructions] | | | | | | |
| | | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | İ | | | | | |
| _ | | | | | | | | | | | |
| | | | | | | | | | | | |
| | PART C REAL PROPERTY [Land, bu | tildings owned by the reporting person | n - See instructions] | when form a of pag | G INSTRUCTIONS for and where to file this are located at the bottom ge 2. RUCTIONS on who must his form and how to fill it | | | | | | |
| | | | | | egin on nage 3. | | | | | | |

| DAST D. WYNNIGHT DEDGG | AL PROPERTY IO | | - of denseit stee Continuations | 1 | , | | | | |
|---|---|---|---|--------------------|----------------|--|--|--|--|
| PART D — INTANGIBLE PERSON (If you have nothing to | report, you must w | rite "none" or "n/a" | s of deposit, etc See instructions) | J | | | | | |
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | | |
| | | | | | | | | | |
| | | | <u> </u> | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PART E — LIABILITIES [Major de (If you have nothing to | ots - See instructions) o report, you must w | rite "none" or "n/a") | • | | ين پي | | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | | | | |
| | | | | | DEGMHOCLULET | | | | |
| | | | | | - 3 | | | | |
| <u> </u> | - | | | | <u> </u> | | | | |
| | | | | | 8 | | | | |
| PART F — INTERESTS IN SPECIFIE (If you have nothing to a | ED BUSINESSES [Overeport, you must write | wnership or positions e "none" or "n/a") | in certain types of businesses - See | instructions] | H0337 | | | | |
| | BUSINESS | ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY #3 | <u> 71</u> | | | | |
| NAME OF BUSINESS ENTITY | | | | | | | | | |
| 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 C | N A SEPARATE SHEET, P | LEASE CHECK HERE | | | | | |
| SIGNATURE (required): | | DATE SIGNED (required): | | | | | | | |
| Skirley | D an | deison | | 5/28/13 | | | | | |
| FILING INSTRUCTIONS: | | | | | | | | | |
| WHAT TO FILE: | | HERE TO FIL | | IEN 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.

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.

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.

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, 2012.

Shirley Aderson May w 508 Refunda May w Cape Grad Fr 33904

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

300H0307 20E FEE CO E1

.

CT DATE SHOW A S