

FINAL STATEMENT OF FINANCIAL INTERESTS

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: <b>ARTUSO, THERESA -</b>	NAME OF REPORTING PERSON'S AGENCY: <b>CITY OF FORT MYERS</b>
MAILING ADDRESS: <b>2608 FIRST STREET</b>	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input type="checkbox"/> LOCAL OFFICER <input checked="" type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: <b>FT. MYERS</b> ZIP: <b>33916</b> COUNTY: <b>LEE</b>	LIST OFFICE OR POSITION HELD: <b>PLANNING BOARD MEMBER</b>

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

**DISCLOSURE PERIOD:**  
 THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2012 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 11/29/12, 2012. (Date must be prior to 12/31/12)

**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
<b>HOLE MONTES, INC.</b>	<b>6200 WHISKEY CREEK DR. FT. MYERS, FL 33919</b>	<b>CIVIL ENGINEERING, LAND PLANNING LANDSCAPE ARCHITECTURE</b>

**PART B -- SECONDARY SOURCES OF INCOME**  
 [Major customers, clients, and other sources of income to businesses owned by 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

**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")

<b>2608/2610 FIRST ST., FT. MYERS, FL 33916</b>
<b>6110 WHITEWAY DRIVE, TEMPLE TERRACE, FL 33617</b>

**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 of this packet.

**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
STOCKS, CERTS, MUTUAL FUNDS	AMERIPRISE
STOCKS	ECONOMY SECURITIES

**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
CHASE HOME FINANCE	PO BOX 9001871, LOUISVILLE, KY 40290-1871
SUNTRUST BANK	PO BOX 791262, BALTIMORE, MD 21279-1262
JUNIPER BANK	PO BOX 13337, PHILADELPHIA, PA 19101-3337

**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	2608 2610 FIRST ST. LLC	CHESTER MANOR MEDIA, LLC	* 12DEC19M101490E L COF
ADDRESS OF BUSINESS ENTITY	2608 FIRST ST. FM 33516	2608 FIRST ST. FM 33516	
PRINCIPAL BUSINESS ACTIVITY	RESIDENCE	HOBBIES, 3D ARTWORK	
POSITION HELD WITH ENTITY	CO-OWNER	CO-OWNER	
DO YOU OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	50%	50%	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  **COF**

**SIGNATURE:**

*Breanna Carter*

**DATE SIGNED:**

12/16/12

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). **Facsimiles will not be accepted.**

**WHEN TO FILE:**

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers:** file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**

If you are leaving office or employment during the first half of 2012, you may not have filed Form 1 for 2011. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2011 by July 1, 2012, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

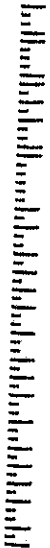


6200 Whiskey Creek Drive • Fort Myers, Florida 33919

\*12DEC19#101450E LEE CO FI

LEE COUNTY ELECTIONS OFFICE  
PO BOX 2545  
FORT MYERS, FL 33902-2545

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12/17/2012  
US POSTAGE

FIRST-CLASS MAIL  
\$00.45<sup>0</sup>

ZIP 33919  
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