FORM 1	STATEM	ENT OF		2012
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE N Banyan Margaret E MAILING ADDRESS:	ileen		_	13
4732 Tammie L	ane		(	- Lessen
61	ZIP: COUNTY:	2	\/	O937 SUE
Lee County Metropo NAME OF OFFICE OR POSITION HELD		ni zation	٧	.1371TN552W033.2 20E FEE CO.H:1
You are not limited to the space on the lines of CHECK ONLY IF  CANDIDATE OF	on this form. Attach additional sheets,			pair-
**** BOTH IDISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIVEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one): DECEMBER 31, 2012  MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS TIREQUIRES FEWER CALCULATIONS, Of see instructions for further details). CHE	E STATE BELOW WHETHER THIS  OR SPECIFY  ABLE INTERESTS: THE OPTION OF USING REPORTION OF USING REPORTION USING COMPARATIVE THRES	E PRECEDING TAX YEAR, WHI IS STATEMENT IS FOR THE P TAX YEAR IF OTHER THAN TO TING THRESHOLDS THAT ARE SHOLDS, WHICH ARE USUAL	ETHEF PRECEI THE CA	R BASED ON A CALENDAR DING TAX YEAR ENDING  ALENDAR YEAR:  DLUTE DOLLAR VALUES, WHICH
COMPARATIVE (PERC	CENTAGE) THRESHOLDS Q	OR DOLLAR VA		THRESHOLDS
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	OME [Major sources of income to the t, you must write "none" or "n/a")	e reporting person - See instruction	ons]	
NAME OF SOURCE OF INCOME	ADDR			SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Florida Guif Coast University	4 10501 FACU BIVA, SOU	eth Fort Myers 33965	Edi	ucation
PART B SECONDARY SOURCES OF I [Major customers, clients, and c (If you have nothing to report	other sources of income to business	es owned by the reporting person	า - See	instructions]
NAME OF N BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, build (If you have nothing to report,	dings owned by the reporting person, you must write "none" or "n/a")	f	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 page 3.

TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES		
PART E — LIABILITIES [Major debts - (If you have nothing to rep	See instructions] ort, you must write "none" or "n/a'	")			
NAME OF CREDITOR		ADDRESS OF CREDITOR			
us Dept. of Education	Direct Loan	Servicing PO Box 5609 6	recaville TX 75403		
	<u></u>				
PART F — INTERESTS IN SPECIFIED B (If you have nothing to report	USINESSES [Ownership or positions t, you must write "none" or "n/a") BUSINESS ENTITY # 1	s in certain types of businesses - See in BUSINESS ENTITY # 2	nstructions]  BUSINESS ENTITY # 2 **		
	t, you must write "none" or "n/a")	,	•		
(If you have nothing to repor	t, you must write "none" or "n/a")	,	BUSINESS ENTITY # 3		
(If you have nothing to report NAME OF BUSINESS ENTITY	t, you must write "none" or "n/a")	,	BUSINESS ENTITY # 25		
NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY	t, you must write "none" or "n/a")	,	BUSINESS ENTITY # 3		
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	t, you must write "none" or "n/a")	,	BUSINESS ENTITY # 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  I OWN MORE THAN A 5%	t, you must write "none" or "n/a")	,	BUSINESS ENTITY # 2 1		

Mayara . By

4/22/2013

# 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 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.

# 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.

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/employe state officer, and specified state employe must file within 30 days of the date his or her appointment or of the beginnit of employment. Appointees who must be confirmed by the Senate must file prior confirmation, even if that is less than a days from the date of their appointment.

**Candidates** for publicly-elected local offimust file at the same time they file the 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 the positions.

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However filing a CE Form 1F (Final Statement Financial Interests) does not relieve the file of filing a CE Form 1 if he or she was in the position on December 31, 2012.

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

