FORM 1	STATEM	ENT OF	201	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFIC	CE USE ONLY:
Beraguist Will	ian Colby			
MAILING ADDRESS :			<i>(</i>	
2139 W Lakevii	ew BVD			
				<b>1</b>
	ZIP: COUNTY:	ee	\ /	
NAME OF AGENCY: Lee. County She	CHFIS OFFICE		$\bigvee$	景
NAME OF OFFICE OR POSITION HELD	1111			13JUN139M1040SDELEECO
You are not limited to the space on the lines of	on this form. Attach additional sheets	if peressary		Ä
CHECK ONLY IF CANDIDATE OF		•		(C)
	PARTS OF THIS SECT	ION MUST BE COM	PLETED ****	paral.
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FI				
YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one):	STATE BELOW WHETHER TH	IS STATEMENT IS FOR THE	E PRECEDING TAX YEA	R ENDING
DECEMBER 31, 2012	OR  SPECIFY	TAX YEAR IF OTHER THAN	N THE CALENDAR YEAR	₹:
MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, O	HE OPTION OF USING REPORT			
(see instructions for further details). CHE	CK THE ONE YOU ARE USING:	:		
			VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	we [major sources of income to tr you must write "none" or "n/a")		uctions	
NAME OF SOURCE OF INCOME	• • • • • • • • • • • • • • • • • • •			THE SOURCE'S ESS ACTIVITY
Lee Co Sheriff's Office		e Cypress Pkuy		
	Ft. Myers, Fr.	33912-4406		
PART B SECONDARY SOURCES OF I [Major customers, clients, and c (If you have nothing to report	other sources of income to business	ses owned by the reporting per	rson - See instructions]	
NAME OF N BUSINESS ENTITY	IAME OF MAJOR SOURCES OF BUSINESS' INCOME			PAL BUSINESS TY OF SOURCE
NONE				
PART C. PEAL PROPERTY II				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this	
1718 Lakeside Terr	2139 WI	LAKENIUS BIVP LEST, EI 33903	form are located a of page 2.	
N Ft. Myers, F1 33903	N Ft my	er, F1 33943	INSTRUCTIONS on	ı who must
			file this form and	how to fill it

PART D — INTANGIBLE PERSONAL PRO (If you have nothing to report	OPERTY [Stocks, bonds, certific t, you must write "none" or "n	ates of deposit, etc See instructions]				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH TH	IE PROPERTY RELATES			
PART E — LIABILITIES [Major debts - See (If you have nothing to report,	ee instructions] t, you must write "none" or "n/	Ja")				
NAME OF CREDITOR ADDRESS OF CREDITOR						
Chase Home Finance	Chase Home Finance 3415 Vision Dr Columbus OH 43219-600					
Ochen Loan Servicing	Loan Servicing PO Box 79135 Phoenix, AZ 85062-9135					
0						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (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						
ADDRESS OF BUSINESS ENTITY			1			
PRINCIPAL BUSINESS ACTIVITY			È			
POSITION HELD WITH ENTITY			32			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			1040			
NATURE OF MY OWNERSHIP INTEREST			0.508			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):  DATE SIGNED (required):						
William C. Bleg a	quist	6/12/13				
FILING INSTRUCTIONS:						
WHAT TO FILE:	WHERE TO F	TILE: WH	EN 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/employe state officer, and specified state employemust file within 30 days of the date his or her appointment or of the beginning 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 appointments.

Candidates for publicly-elected local office must 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 first of filing a CE Form 1 if he or she was in the position on December 31, 2012.