FORM 1	STATEMENT 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 IN AMELING ADDRESS: AND AND ADDRESS: CITY: LEF COUNTY NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD You are not limited to the space on the lines CHECK ONLY IF CANDIDATE OF	AMAS LEGE PHY-#210 EL, 33907-LEE ZIP: COUNTY: HOUSING FINANCE OR SOUGHT: on this form. Attach additional sheets, if necessary.	713JULO18M0942 SQE LEE QU F1	
	PARTS OF THIS SECTION MUST BE COM	PLETED ****	
YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one): DECEMBER 31, 2012 MANNER OF CALCULATING REPORTATIVE LEGISLATURE ALLOWS FILERS TREQUIRES FEWER CALCULATIONS, CONTROL (see instructions for further details). CHECK	HE OPTION OF USING REPORTING THRESHOLDS THAT AR OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUA CCK THE ONE YOU ARE USING:	PRECEDING TAX YEAR ENDING THE CALENDAR YEAR: E ABSOLUTE DOLLAR VALUES, WHICH LLY BASED ON PERCENTAGE VALUES	
		ALUE THRESHOLDS	
(If you have nothing to report	ME [Major sources of income to the reporting person - See instruct, you must write "none" or "n/a")	tionsj	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
THE BIRCH COMPAN	IX AFAITURS - 7370 COLLEGE	E PKY #210	
METRO DANIELS, IAN BELLATAIX CORPO	GATION 11 SAME "	FORT MYEAS, FL. 339	
HLL MEAL ESTAT	E-LISTED IN PART	11 011	
(If you have nothing to report	other sources of income to businesses owned by the reporting person	on - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
STOCKS/BUNDS 1	AND CASH AT : SUNTAVE AND OF AMERICA - FO	T- FORT MYEAS	
	ANIBEL CARTIVIA TAUS	T-SANIBEL	
	ings owned by the reporting person - See instructions] you must write "none" or "n/a") SEDSE LANDING FTM-33908	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
A A = () = =	2000 100 100 100 100 100 100 100 100 100	INSTRUCTIONS on who must file this form and how to fill it	

PART D — INTANGIBLE PERSO (If you have nothing	NAL PROPERTY [Stock to report, you must wri			tructions]			
TYPE OF INTANGI	BLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
STOCKS BONDS	CASH-1	95H-AT: SUNTAUST BANK-FTM					
, , , , , , , ,	l	BANK OF AMERICA - FTM					
		SANIBEL	CAPTIVIA	TAUST - SA	NIBEL FL		
PART E — LIABILITIES [Major do (If you have nothing t	ebts - See instructions] to report, you must writ	e "none" or "n/a	a")				
NAME OF CREDI	TOR	ADDRESS OF CREDITOR					
COLUMBIA LIFE INSNAANCE GO - 7370 COLIFGE PKY							
		FORTMYFBS FI					
				<u> </u>			
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	BEAL E	STATE	INVESTME	NRS-SEE	11611		
ADDRESS OF BUSINESS ENTITY	AND						
PRINCIPAL BUSINESS ACTIVITY	THE BIR	CH CO	MPANY - 1	BEALTOAS			
POSITION HELD WITH ENTITY	7370 0	COLLE	IGE PKY	# 210	Ÿ		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	FORT A	1YEB	S.FL:	33907	01		
NATURE OF MY OWNERSHIP INTEREST	PAES	DEN	100	%	Š		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (requi			DATE SIG	NED (required)	<u>:</u> B		
1 om Buil 6/30/13							
FILING INSTRUCTIONS:							
WHAT TO SILE.							

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 filling.

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 state officer, and specified state employee 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.

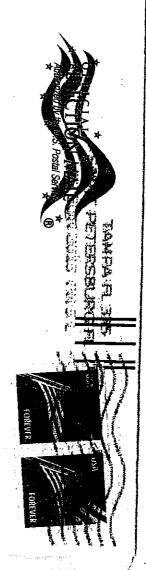
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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, 2012.

13JUL0199094290ELEE(0)F1

The Birch Company 7370 College Parkway #210 Fort Myers, FL 33907

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



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