FORM 1	STATEM	ENT OF	2012		
Please print or type your name, mailing address, agency name, and position be	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDIE BONACO HA MAILING ADDRESS: 814 Shady S		ハ			
NAME OF AGENCY: East County NAME OF OFFICE OR POSITION H	ZIP: COUNTY: LO  Water Control Dis  ELD OR SOUGHT:	ee strict	(3JUN28W1050 SDE LEE (D)F		
	er - Seat 4 lines on this form. Attach additional sheets, 1	If necessary.	e G		
CHECK ONLY IF  CANDIDATE		•	pipel		
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****  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 SPECIFY TAX YEAR IF OTHER 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 INCOME [Major sources of income to the reporting person - See instructions]					
(If you have nothing to re	eport, you must write "none" or "n/a")				
NAME OF SOURCE OF INCOME	SOUR A <b>p</b> dr		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
None	<u> </u>	4	N/A		
	OF INCOME and other sources of income to businesse eport, write "none" or "n/a")	es owned by the reporting persor	n - See instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None	NA	NA	NA		
	buildings owned by the reporting person - eport, you must write "none" or "n/a")	,	FILING INSTRUCTIONS for when and where to file this		
More	/N/A	f	form are located at the bottom of page 2.		
	/ /	i f	NSTRUCTIONS on who must it it it begin on page 3.		

PART D — INTANGIBLE PERSONAL I	PROPERTY [Stocks, bonds, certifica ort, you must write "none" or "n/e	tes of deposit, etc See instructions	5]		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Vonc		NIA			
•					
PART E — LIABILITIES [Major debts - (If you have nothing to rep	See instructions} ort, you must write "none" or "n/a	;")	D.U.S.		
NAME OF CREDITOR		ADDRESS OF CREDITOR			
Federal Stydent Lo	ans	ADDRESS OF CREDITOR  ALL Washington D. C. S			
U.S. Deput next of Education D.C.					
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	None	None	Nonc		
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 THR	OUGH F ARE CONTINUED	ON A SEPARATE SHEET, P	LEASE CHECK HERE		
SIGNATURE (required	<u>):</u>	DATE SIGNE	D (required):		
		6-27-	2013		
FILING INSTRUCTIONS:					

# 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.

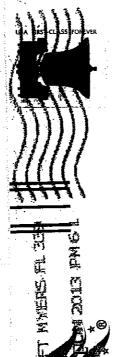
### WHEN TO FILE:

Initially, each local officer/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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.



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

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