FORM 1	STATEMI	ENT OF	2012		
Please print or type your name, mailing address, agency name, and position below:				FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE N	IAME :				
Bosnjak, Anthony Victor			j - 10		
MAILING ADDRESS :			:		
19591 Ben Hill Griffin Parkway					
CITY:	ZIP: COUNTY:		-	ដូ	
Fort Myers 3	3913 Lee	<u> </u>	•		
NAME OF AGENCY :				∖	
San Carlos Park Fire Protection & R				₹ 3	
NAME OF OFFICE OR POSITION HELD	OR SOUGHT :			1349/134092/304	
Pension Board Trustee/Fire Chief			•	<u>ကို</u>	
You are not limited to the space on the lines					
CHECK ONLY IF CANDIDATE O	R NEW EMPLOYEE OR APP	POINTEE		D ****	
THIS STATEMENT REFLECTS YOUR FYEAR OR ON A FISCAL YEAR. PLEASEITHER (must check one): DECEMBER 31, 2012 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS TREQUIRES FEWER CALCULATIONS, (see instructions for further details). CH	E STATE BELOW WHETHER THIS OR SPECIFY TO SPECIFY THE OPTION OF USING REPORTION OF USING REPORTION USING COMPARATIVE THRES	S STATEMENT IS FOR THE AX YEAR IF OTHER THAN ONE THRESHOLDS THAT A	PRECED THE CAL RE ABSOL	ENDAR YEAR: UTE DOLLAR VALUES, WHICH	
` ′	CENTAGE) THRESHOLDS	R DOLLAR	VALUE T	HRESHOLDS	
PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person (If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS			ee instructions] DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
N/A					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the re (If you have nothing to report, write "none" or "n/a") NAME OF BUSINESS ENTITY NAME OF BUSINESS' INCOME OF SO			rson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
				<u> </u>	
PART C REAL PROPERTY [Land, but (If you have nothing to report	ildings owned by the reporting person rt, you must write "none" or "n/a")	- See instructions]	when form a of pag	S INSTRUCTIONS for and where to file this are located at the bottom are 2. UCTIONS on who must is form and how to fill it	
				egin on page 3.	

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PART D — INTANGIBLE PERSON (If you have nothing to	AL PROPERTY [report, you mu	Stocks, bonds, certific st write "none" or "r	cates of deposit, etc See instru	ictions]				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
N/A								
					·			
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructi report, you mu	ons] st write "none" or "r	n/a")			Ţ		
NAME OF CREDITOR			ADDRESS OF CREDITOR ADDRESS OF CREDITOR					
N/A						<u></u>		
and the second of the second o	11.97					-8		
		·	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
PART F — INTERESTS IN SPECIFI (If you have nothing to	report, you must	[Ownership or posit write "none" or "n/a ESS ENTITY # 1	ions in certain types of businesse: ") BUSINESS ENTITY #		uctions] BUSINESS ENTITY # 3	LEE CO FI		
NAME OF BUSINESS ENTITY		N/A						
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								
	THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET. PLE/	ASE CHECK HERE			
SIGNATURE (requi		1			required):			
	X/		5-06-2013					
		LING IN	STRUCTIONS	<u>.</u>				
WHAT TO FILE:		WHERE TO	FILE:		TO FILE:	_		
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:		f 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.		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				
		Local officers/o Supervisor of E which they perma	employees file with the lections of the county in anently reside. (If you do not	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.				
		Supervisor of the has its headquart	ermanently reside in Florida, file with the supervisor of the county where your agency as its headquarters.)		Candidates for publicly-elected local office must file at the same time they file their qualifying papers.			

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.

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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.



San Carlos Park Fire Protection and Rescue Service District 19591 Ben Hill Griffin Parkway Fort Myers, Florida 33913-8989

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Lee County Elections Office PO Box 2545 Fort Myers, FL 33913

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