| 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: | | |
| BUENO - KRIS | | E | _ | | |
| MAILING ADDRESS: 2090 WEST FIL | 2ST ST. #17/0 | | 1 | | |
| FORT MYERS | 33901 LEE | | | | |
| | ICT OF LEG C | DUNTY | 13 | | |
| NAME OF AGENCY: EMPLOYEE | | | V 99 | | |
| NAME OF OFFICE OR POSITION HELD | OR SOUGHT: | | 925 S | | |
| You are not limited to the space on the lines CHECK ONLY IF CANDIDATE | | | 13.1UNOCAMOS25 SDE LEE (| | |
| **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** | | | | | |
| THIS STATEMENT REFLECTS YOUR I YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one): DECEMBER 31, 2012 | SE STATE BELOW WHETHER TH | • | PRECEDING TAX YEAR ENDING | | |
| MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). CH | THE OPTION OF USING REPORT OR USING COMPARATIVE THRE | SHOLDS, WHICH ARE USU | RE ABSOLUTE DOLLAR VALUES, WHICH ALLY BASED ON PERCENTAGE VALUES | | |
| COMPARATIVE (PER | CENTAGE) THRESHOLDS | DR DOLLAR | VALUE THRESHOLDS | | |
| PART A PRIMARY SOURCES OF INC (If you have nothing to report | OME [Major sources of income to tr rt, you must write "none" or "n/a") | e reporting person - See instru | uctions] | | |
| NAME OF SOURCE OF INCOME | ADD | RESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| SCHOOL DISTRICT LEE | CO. 2855 COLONIAL | | EDUCATION | | |
| | | 33166 | | | |
| | | | | | |
| PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo | other sources of income to business | ses owned by the reporting per | son - See instructions] | | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | |
| NA | | | | | |
| , | | | | | |
| | <u>-</u> <u></u> | | | | |
| PART C REAL PROPERTY [Land, bui (If you have nothing to repor | Idings owned by the reporting persor t, you must write "none" or "n/a") | - See instructions] | FILING INSTRUCTIONS for when and where to file this | | |
| N/A | | | form are located at the bottom of page 2. | | |

INSTRUCTIONS on who must file this form and how to fill it

out begin on page 3.

| | | | | | | |
|---|---|---|-----------------|--|--|--|
| PART D — INTANGIBLE PERSONAL PR | ROPERTY [Stocks, bonds, certifi ort, you must write "none" or " | ficates of deposit, etc See instructions] | | | | |
| TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATE | | | | | | |
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |
| PART E — LiABILITIES [Major debts - S (If you have nothing to repo | See instructions] ort, you must write "none" or "i | 'n/a") | 2 | | | |
| NAME OF CREDITOR | 1 | ADDRESS OF CREDITOR | | | | |
| NA | Adjor debts - See instructions] thing to report, you must write "none" or "n/a") CREDITOR ADDRESS OF CREDITOR O O O O O O O O O O O O | | | | | |
| | | | | | | |
| | | | | | | |
| 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 | 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 | | | | | | |
| IF ANY OF PARTS A THRO | OUGH F ARE CONTINUE | ED ON A SEPARATE SHEET, PLE | EASE CHECK HERE | | | |
| SIGNATURE (required): DATE SIGNED (required): | | | | | | |
| Kristinger | N | 6.1.13 | 3 | | | |
| FILING INSTRUCTIONS: | | | | | | |

FILING INSTRUCT

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/employed state officer, and specified state employed 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 confirmation, even if that is less than 3 days from the date of their appointment.

Candidates for publicly-elected local offic must file at the same time they file the qualifying papers.

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

Finally, at the end of office or employmer each local officer/employee, state officer, ar 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 <u>not</u> relieve the fill of filing a CE Form 1 if he or she was in the position on December 31, 2012.







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