FORM 1 STATEMENT OF		IENT OF	2012	
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDD <u>(AMM) (K</u> MAILING ADDRESS: POBOX 4	IENAME: John E DO			
MATLACHA CITY: MATLACHA PINE NAME OF AGENCY: BOHRD Member NAME OF OFFICE OR POSITION HE	33993 LE ZIP: COUNTY: Island fire CONTI SEAT # 4	1 <u>=</u> Roj [] 15T.	13/19/259/00/038/SOE LEE (0) FI	
You are not limited to the space on the I CHECK ONLY IF CANDIDATE	nes on this form. Attach additional sheets OR INEW EMPLOYEE OR A		E CO FI	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one): DECEMBER 31, 20 MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILEF REQUIRES FEWER CALCULATION (see instructions for further details).	EASE STATE BELOW WHETHER TH 012 <u>OR</u> SPECIFY ORTABLE INTERESTS: AS THE OPTION OF USING REPORT S, OR USING COMPARATIVE THRE CHECK THE ONE YOU ARE USING	E PRECEDING TAX YEAR, WI IIS STATEMENT IS FOR THE TAX YEAR IF OTHER THAN TING THRESHOLDS THAT AR ESHOLDS, WHICH ARE USUA :	HETHER BASED ON A CALENDAR PRECEDING TAX YEAR ENDING	
PART A PRIMARY SOURCES OF I	NCOME [Major sources of income to the	ne reporting person - See instruc		
	1	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
SOCIAL SECUR		OUT.	RETIREMENT RETIREMENT	
VETERANS (EN:	Ston US	GavT	Relinement	
	OF INCOME and other sources of income to busines port, write "none" or "n/a")	ses owned by the reporting pers	son - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURC		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NONE	······································			
PART C REAL PROPERTY [Land, (If you have nothing to re	buildings owned by the reporting person port, you must write "none" or "n/a")	n - See instructions]	FILING INSTRUCTIONS for when and where to file this 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 PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")							
TYPE OF INTANØIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
N/A							
· · · · · · · · · · · · · · · · · · ·							
PART E — LIABILITIES [Major debts - See instruct (If you have nothing to report, you m		n/a")		*13MAY29MM1038			
NAME OF CREDITOR		ADDRESS OF CREDITOR					
N/A							
/ / / /							
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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")							
BUSI	NESS ENTITY # 1	BUSINESS ENTITY #	2 BU:	SINESS ENTITY # 3			
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY		h l.		1 /			
PRINCIPAL BUSINESS ACTIVITY	74	7///1		////			
POSITION HELD WITH ENTITY	71	11/1	//	111			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			/	1			
NATURE OF MY OWNERSHIP INTEREST							
IFANY OF PARTS A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CH				
SIGNATURE (required):	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required):						
		DALE SIG	<u>NED (required in the second s</u>	<u>eu).</u>			
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		MAY	26 2	013			
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CE FORM 1 - Effective: January 1, 2013. Refer to Rule 34-8.202 (1), F.A.C.

13MAY29AH1038 SDE LEE OD FI John E. Cammick PO Box 400 Matlacha, FL 33993 S. P.O. Box 2545 Electron's FORT Myers いたいたいろうのの Joint 2013 Pho L 5 AT WYERS AL 335