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 PAME - FIRST NAME - MIDDLE NO MAILING ADDRESS: 5234 SW	JOHN S	e		713,01%			
NAME OF OPPICE OR POSITION HELD OF OUNCIL MANA You are not limited to the space on the lines of	✓	if necessary.	\	13JUN034M1005SDELEEO0F1			
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR AF	PPOINTEE					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one): DECEMBER 31, 2012 MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OF (see instructions for further details). CHEC	STATE BELOW WHETHER THI OR SPECIFY BLE INTERESTS: IE OPTION OF USING REPORT R USING COMPARATIVE THRES CK THE ONE YOU ARE USING:	PRECEDING TAX YEAR, W S STATEMENT IS FOR THE TAX YEAR IF OTHER THAN ING THRESHOLDS THAT AI SHOLDS, WHICH ARE USU	/HETHEI PRECE THE CA RE ABSO ALLY BA	R BASED ON A CALENDAR DING TAX YEAR ENDING ALENDAR YEAR: DLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES			
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]							
	you must write "none" or "n/a") SOUF ADDR	RCE'S	DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY			
POLICE ANNUTY	221 N. LASAL	E CIGO III.		PENSION			
SAIFM TRUST	4890 W. KENN	EDY Blut TAMPA A	1	Howson			
City OF CAPE	Po-Box 1500	27	Cou	verl SALARY			
(If you have nothing to report,	ther sources of income to business	es owned by the reporting per ADDRESS OF SOURCE	son - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, building (If you have nothing to report,	ngs owned by the reporting person you must write "none" or "n/a")	- See instructions]	when form of pa- INSTI file th	G INSTRUCTIONS for and where to file this are located at the bottom ge 2. RUCTIONS on who must his form and how to fill it egin on page 3.			

PART D — INTANGIBLE PERSONAL PROPE (If you have nothing to report, yo			uctions]		
TYPE OF INTANGIBLE,	1/25	BUSINESS ENTITY TO WH	HICH THE PROPERTY RELATES		
701 V/W	/V.Fl.)/c	N WIDE A	(E) MEMBN) SOLUTION		
PART E — LIABILITIES [Major debts - See ins (If you have nothing to report, you		n/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR			
JUNGOAST SCHOOL	S PoBe	Po Box 11829, JAMAS Fl.			
NISSAN MOSTO	8 Po B	0x49360, J.	AN SORE CHI.		
PART F — INTERESTS IN SPECIFIED BUSINES (If you have nothing to report, you	must write "none" or "n/a'	ons in certain types of businesse	s - See instructions]		
B	USINESS ENTITY # 1	BUSINESS ENTITY #	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY			<u></u>		
ADDRESS OF BUSINESS ENTITY			<u> </u>		
PRINCIPAL BUSINESS ACTIVITY			05 81 05		
POSITION HELD WITH ENTITY	110		9.00		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST			8		
IF ANY OF PARTS A THROUG	H F ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required):		DATE SIG	NED (required):		
Main (S	May 30)	2013		
1	FILING INS	STRUCTIONS	•		
WHAT TO FILE:	WHERE TO I		WHEN TO FILE:		
After completing all parts of this for including signing and dating it, send ba only the first sheet (pages 1 and 2) for filing	ick on Ethics or a Cou	the form by the Commission unty Supervisor of Elections disclosure filing, return the on.	Initially, each local officer/employ state officer, and specified state employ must file within 30 days of the date his or her appointment or of the beginn		
If you have nothing to report in a particu section, you must write "none" or "n/a" in the section(s).	nat Supervisor of El which they perma	employees file with the ections of the county in nently reside. (If you do not de in Florida, file with the	of employment. Appointees who must confirmed by the Senate must file prior confirmation, even if that is less than days from the date of their appointment.		
NOTE: MULTIPLE FILING UNNECESSARY:	Supervisor of the has its headquarte	county where your agency	Candidates for publicly-elected local of must file at the same time they file the		
Generally, a person who has filed Form for a calendar or fiscal year is not requir to file a second Form 1 for the same ye	red file with the Corear. Drawer 15709, Tal	specified state employees mmission on Ethics, P.O. llahassee, FL 32317-5709.	qualifying papers. Thereafter, local officers/employees, state officers, and specified state employees.		
However, a candidate who previously fill Form 1 because of another public positi must at least file a copy of his or her origin	ion Candidates tile ti	his form together with their	are required to file by July 1st following each calendar year in which they hold the positions.		
Form 1 when qualifying.	To determine wha	t category your position falls ho Must File" Instructions on	Finally, at the end of office or employment of local officer/employee, state officer, specified state employee is required to file.		
	<u>Facsimiles wi</u>	ill not be accepted.	final disclosure form (Form 1F) within 60 d of leaving office or employment. Howe filling a CE Form 1F (Final Statement		

Financial Interests) does <u>not</u> relieve the fi of filing a CE Form 1 if he or she was in th

position on December 31, 2012.

*13JUN03AM1005SDELEE(OFI



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

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