	N	U All	/	
FORM 1	STATEM	ENT OF		2012
Please print or type your name, mailing address, agency name, and position below		INTEREST	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE  CHANGER F. LOWER  MAILING ADDRESS:  COB WIII BEIL RD	ENAME: BRIDGET (Reinum	yen)		7138EP.
NAME OF AGENCY:  OFFICE MANAGER	BAOSS DICKED  ZIP: COUNTY:  ANIMAL SERVICES	(J	$\bigvee$	135EP16#M092750ELEECOF
You are not limited to the space on the lin  CHECK ONLY IF   CANDIDATE				θFI
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):  DECEMBER 31, 201  MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS (see instructions for further details). C  COMPARATIVE (PE	ASE STATE BELOW WHETHER THE SPECIFY SPECIFY STABLE INTERESTS: STHE OPTION OF USING REPORTS, OR USING COMPARATIVE THRESTER SHECK THE ONE YOU ARE USING:	IS STATEMENT IS FOR TH TAX YEAR IF OTHER THA TING THRESHOLDS THAT A SHOLDS, WHICH ARE US	N THE CAI ARE ABSO VALLY BAS	DING TAX YEAR ENDING  LENDAR YEAR:  LUTE DOLLAR VALUES, WHICH
PART A PRIMARY SOURCES OF IN				
NAME OF SOURCE OF INCOME		RCE'S RESS		CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY
TRE COINCY	5000 RANNER DR FT	myges fl		
	OF INCOME nd other sources of income to business bort, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ses owned by the reporting pe ADDRESS OF SOURCE	erson - See	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, bi	uildings owned by the reporting person ort, you must write "none" or "n/a")	- See instructions]	when	INSTRUCTIONS for and where to file this are located at the bottom le 2.
			INSTR	CUCTIONS on who must is form and how to fill it egin on page 3.

TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
#1A		Source Civil to Milot Mile	·
		) - + <sub>1</sub>	7.5 ( <b>*,</b> \$
PART E — LIABILITIES [Major debts (If you have nothing to rep	- See instructions] port, you must write "none" or "i	n/a")	
NAME OF CREDITOR		ADDRESS OF CREE	
<b>31</b> 6		`	Company of the state of
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			, , , , , , , , , , , , , , , , , , ,
PART F — INTERESTS IN SPECIFIED E	BUSINESSES [Ownership or position, you must write "none" or "n/a BUSINESS ENTITY # 1	ons in certain types of businesses - See ins ")  BUSINESS ENTITY # 2	structions] BUSINESS ENTITY # 3
PART F — INTERESTS IN SPECIFIED E (If you have nothing to repo	ort, you must write "none" or "n/a	")	
(If you have nothing to repo	ort, you must write "none" or "n/a BUSINESS ENTITY # 1	")	
(If you have nothing to repo	ort, you must write "none" or "n/a BUSINESS ENTITY # 1	")	
NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY	ort, you must write "none" or "n/a BUSINESS ENTITY # 1	")	
(If you have nothing to report NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	ort, you must write "none" or "n/a BUSINESS ENTITY # 1	")	

# 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 filling.

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

648 MIN BEST BY L. CHAVARENA

DICKSON, THE SHOSE

Supervisor of Elections
Sharon L. Harrington
P.O. Box 2545 Fort Myers, FL 33902

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