FORM 1	I 1STATEMENT OF		2012		
Please print or type your name, mailing address, agency name, and position be	How: FINANCIAI	L INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDE DIC, H MAILING ADDRESS : 610 S. T CAPL COVAL	FL 33990	Id. Lep	Steller.		
NAME OF AGENCY PRICE	ZIP: COUNTY: Minde Schoo i Da HELD OR SOUGHT:		13MAY3ORM1012 SDE LEE OPF1		
You are not limited to the space on the I CHECK ONLY IF CANDIDATE	lines on this form. Attach additional sheets OR		μ E		
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): DECEMBER 31, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES					
	CHECK THE ONE YOU ARE USING PERCENTAGE) THRESHOLDS	<u>}_/</u>			
			DESCRIPTION OF THE SOURCE'S PRINGIPAL BUSINESS ACTIVITY PUDIC FAUCOTY		
	S OF INCOME , and other sources of income to busines report, write "none" or "n/a")	ses owned by the reporting person	- See instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, (If you have nothing to re 3354 JU (M) 1412 HUNTSda	buildings owned by the reporting person eport, you must write "none" or "n/a")) F f f f f f f f f f f f f f	FILING INSTRUCTIONS for when and where to file this orm are located at the bottom of page 2. NSTRUCTIONS on who must file this form and how to fill it but begin on page 3.		

PART D INTANGIBLE PERSONAL PR (If you have nothing to repor			ictions]			
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts - Se (If you have nothing to repor		"n/a")				
NAME OF CREDITOR		ADDRESS	OF CREDITOR			
Those only	- EDB	EDBAX 9001871 LOWSWIT KY				
Sinconal Schools Hell PO BX 1904 Tampa, H						
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	a") BUSINESS ENTITY #	2 . BUSINESS ENTITY # 3	1		
NAME OF BUSINESS ENTITY				MDY:		
ADDRESS OF BUSINESS ENTITY			<u>_</u>			
···	AHA					
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	/ · / ·			ž n		
OWN MORE THAN A 5%	, 	<u> </u>	······································	<u></u>		
INTEREST IN THE BUSINESS	· ··· <u>····</u> . ······	·		3—		
OWNERSHIP INTEREST				<u>D</u>		
	UGH F ARE CONTINU		ET, PLEASE CHECK HERE			
SIGNATURE (required)		<u>DATE SIG</u>	<u>NED (required):</u>			
John HM 5/28/13						
	FILING IN	STRUCTIONS	•			
WHAT TO FILE:	WHERE TO		WHEN TO FILE:			
After completing all parts of this including signing and dating it, sen only the first sheet (pages 1 and 2) fo	nd back on Ethics or a Co	d the form by the Commission bunty Supervisor of Elections disclosure filing, return the ion.	<i>Initially</i> , each local officer/emstate officer, and specified state emust file <i>within 30 days</i> of the his or her appointment or of the be	mploye date eginnir		
If you have nothing to report in a pa section, you must write "none" or "n/a" section(s).	in that Supervisor of E which they perma	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		prior than 3		
NOTE: MULTIPLE FILING UNNECESSARY:	Supervisor of the	Supervisor of the county where your agency has its headquarters.) Candidates for publicly-elected lo must file at the same time they		al offic file the		

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.

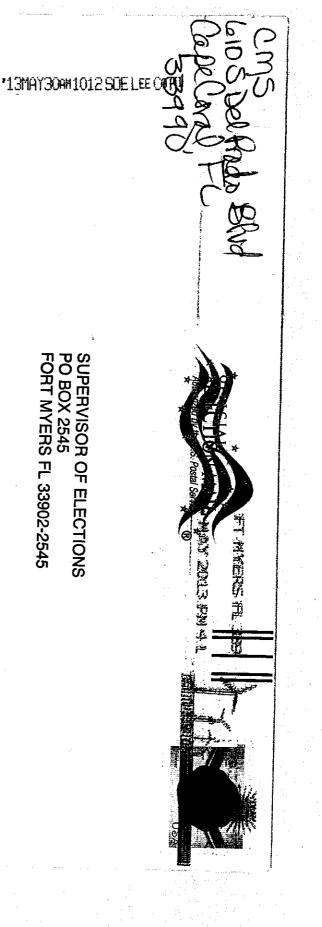
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

must the at the qualifying papers.

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

Finally, at the end of office or employme each local officer/employee, state officer, at specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment. However filing a CE Form 1F (Final Statement Financial Interests) does not relieve the fi of filing a CE Form 1 if he or she was in th position on December 31, 2012.



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