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:	
COllins Dona	•			
MAILING ADDRESS: 3729 Liberty Sa	uare			
Fort Muers Flo	rida 33908	Lee		
Lee Country Board of				
NAME OF AGENCY: Chief Hearing Exa	miner		( <u>}</u>	
NAME OF OFFICE OR POSITION HELI			1057	
You are not limited to the space on the line CHECK ONLY IF CANDIDATE			[3]EC23am1057 SJE Lee	
_	PARTS OF THIS SECT	ON MUST BE COMP		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):	FINANCIAL INTERESTS FOR THE SE STATE BELOW WHETHER TH	PRECEDING TAX YEAR, WHIS STATEMENT IS FOR THE I	IETHER BASED ON A CALENDAR PRECEDING TAX YEAR ENDING	
DECEMBER 31, 201	2 <u>or</u> Specify	TAX YEAR IF OTHER THAN T	THE CALENDAR YEAR:	
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). CI	THE OPTION OF USING REPORT OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USUA	E ABSOLUTE DOLLAR VALUES, WHICH LLY BASED ON PERCENTAGE VALUES	
·		Name C	ALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to the ort, you must write "none" or "n/a")		ions)	
NAME OF SOURCE			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
OF INCOME	ADD		PRINCIPAL BUSINESS ACTIVITY	
Lee County Bocc.	2115 Second Sto	ret PO Box 398		
\		ret PO Box 398	PRINCIPAL BUSINESS ACTIVITY	
\	2115 Second Sto	ret PO Box 398	PRINCIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOURCES O	FINCOME d other sources of income to business	RESS 2012-0398	PRINCIPAL BUSINESS ACTIVITY  Local Government	
PART B SECONDARY SOURCES O [Major customers, clients, an	FINCOME d other sources of income to business	RESS 2012-0398	PRINCIPAL BUSINESS ACTIVITY  Local Government	
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	FINCOME d other sources of income to businessort, write "none" or "n/a")  NAME OF MAJOR SOURCES	RESS  RESS	PRINCIPAL BUSINESS ACTIVITY  LOCA GOVERNMENT  On - See instructions]  PRINCIPAL BUSINESS	
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep  NAME OF BUSINESS ENTITY	FINCOME d other sources of income to businessort, write "none" or "n/a")  NAME OF MAJOR SOURCES	RESS  RESS	PRINCIPAL BUSINESS ACTIVITY  LOCA GOVERNMENT  On - See instructions]  PRINCIPAL BUSINESS	
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep  NAME OF BUSINESS ENTITY  A PART C REAL PROPERTY [Land, bu	FINCOME d other sources of income to businessort, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	RESS  Ref P0 Box 318  -33102-0398  ses owned by the reporting person  ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY  LOCA GOVERNMENT  On - See instructions]  PRINCIPAL BUSINESS	
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep  NAME OF BUSINESS ENTITY  A  PART C REAL PROPERTY [Land, bu (If you have nothing to repo	FINCOME d other sources of income to businessort, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	RESS  RESS	PRINCIPAL BUSINESS ACTIVITY  LOCA GOVERNMENT  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  FILING INSTRUCTIONS for when and where to file this form are located at the bottom	
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep  NAME OF BUSINESS ENTITY  A PART C REAL PROPERTY [Land, bt (If you have nothing to repo	FINCOME d other sources of income to businessort, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  stilldings owned by the reporting personert, you must write "none" or "n/a")	RESS  RESS	PRINCIPAL BUSINESS ACTIVITY  LOCA (GOVERNMENT  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep  NAME OF BUSINESS ENTITY  A  PART C REAL PROPERTY [Land, bu (If you have nothing to repo	FINCOME d other sources of income to businessort, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  stilldings owned by the reporting personert, you must write "none" or "n/a")	RESS  RESS	PRINCIPAL BUSINESS ACTIVITY  LOCA GOVERNMENT  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  FILING INSTRUCTIONS for when and where to file this form are located at the bottom	

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PART D — INTANGIBLE PERSON (If you have nothing to	IAL PROPERTY [Stocks, bonds, on report, you must write "none"	certificates of deposit, etc See instructions] or "n/a")			
TYPE OF INTANGIE	LE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Deferred Compensation	~ NAAC	NAACO			
Muhal Funds, IRA	Trust Wells	Wells Faras			
Cash	Suntr	Suntrust, Sunwast Schools Federa Credit Union			
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructions] o report, you must write "none"	or "n/a")			
NAME OF CREDIT	OR	ADDRESS OF CREDITOR			
NIA					
			4		
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					
	ALLA	BUSINESS ENTITY # 2	BOOMESS ENTITY 5		
NAME OF BUSINESS ENTITY	NIA				
			<u> </u>		
ADDRESS OF BUSINESS ENTITY			1072		
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY			<u> </u>		
			<u> </u>		
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%			<u>S</u>		
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY			—————————————————————————————————————		
PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  I OWN MORE THAN A 5%  INTEREST IN THE BUSINESS  NATURE OF MY OWNERSHIP INTEREST	THROUGH F ARE CONTIN	IUED ON A SEPARATE SHEET, PLEA	S S		
PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  I OWN MORE THAN A 5%  INTEREST IN THE BUSINESS  NATURE OF MY OWNERSHIP INTEREST		IUED ON A SEPARATE SHEET, PLEA	SE CHECK HERE		

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

5729 Library Square FT. Mycas, FT 33508-4147

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Fort Myeas, FL 33902-2545 2480 Thompson Sheet P.O. Box 2545 Lee County Constitutional Complex - Third Flore

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Athn: Bunie Feliciano