FORM 1	STATEM	ENT OF	1 2 2		
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL	INTERESTS	FOR OFFICE-USE ONLY:		
LAST NAME - FIRST NAME - MIDD	LE NAME :		V5		
MAILING ADDRESS:	T Trail		/ii		
CITY: Alva	ZIP: COUNTY: 33920 L	9			
NAME OF AGENCY:	DISTRICT)94MO917SDELEEOF		
NAME OF OFFICE OR POSITION HE					
Too are not himled to the space on the lines on this form. Attach additional sneets, if necessary.					
	OR NEW EMPLOYEE OR A		DI ETED ****		
**** 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 (see instructions for further details). CHECK THE ONE YOU ARE USING:					
	ERCENTAGE) THRESHOLDS ONCOME [Major sources of income to the		VALUE THRESHOLDS		
	port, you must write "none" or "n/a")	e reporting person - See instru	ictions		
NAME OF SOURCE OF INCOME	ADDI		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Les Trees	1750 Sunsé	T Troil Alm	Tree Service		
			<u> </u>		
PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re	OF INCOME and other sources of income to business port, write "none" or "n/a")	es owned by the reporting per	son - See instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Na					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this		
Couds 13241 White Honoron Apr			form are located at the bottom		
1 Acre Sunset Trail 807 INSTRUCTIONS on who					
8 Arms Cook B	file this form and how to fill it out begin on page 3.				

			 		
(If you have nothing to	IAL PROPERTY (Stocks, bonds, certific o report, you must write "none" or "r	1/a")	IIINAI		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO CHETHE!	O. YEAT		
NA					
		3 1 1 1 1	CICKIED		
		<u> </u>	DIMINEL		
****		<u> </u>	VI (1 1 1 - 0)		
PART E — LIABILITIES [Major debts - See instructions]. (If you have nothing to report, you must write "none" or "n/a")					
NAME OF CREDITOR		ADDRESS OF CRED	ADDRESS OF CREDITOR		
$\mathcal{N}_{\mathbf{A}}$					
			9111		
			10917		
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 "r/a' . BUSINESS ENTITY # 1	') . BUSINESS ENTITY # 2 .	BUSINESS ENTITY # 3		
		BOSINESS ENTIT # 2			
NAME OF BUSINESS ENTITY	Leet Trees				
ADDRESS OF BUSINESS ENTITY	1750 Sunset Tre				
PRINCIPAL BUSINESS ACTIVITY	Tree Care				
POSITION HELD WITH ENTITY	owner Openia				
I OWN MORE THAN A 5%	4-				
INTEREST IN THE BUSINESS NATURE OF MY	7				
OWNERSHIP INTEREST	Kun 17				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (requi	red):	DATE SIGNED (required):			

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/employed state officer, and specified state employed 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 3 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file the 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 the positions.

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

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

