FORM 1	STATEM	ENT OF		2012
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTEREST	$S \Gamma$	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	, · · · · · · · · · · · · · · · · · · ·			ji
MAILING ADDRESS:	ge Lynn			/
14556 Acris	es Waiy		1	/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Pt Myers	F1 ) 32'	3/1.	. /	Š
CITY:	ZIP: COUNTY:		V	13JUL30M0920SUE
NAME OF AGENCY:		30	•	m m
NAME OF OFFICE OR POSITION HELD	Strict of Le	elo	•	LEE (0 P1
Principal - L	eluch Sevie	on HS		1 1 Burnet
You are not limited to the space on the lines	s on this form. Attach additional sheets,			
CHECK ONLY IF (	OR NEW EMPLOYEE OR A	PPOINTEE		
**** BOTH DISCLOSURE PERIOD:	PARTS OF THIS SECT	ION MUST BE CON	/IPLETE	ED ****
THIS STATEMENT REFLECTS YOUR I				
EITHER (must check one):	? OR 🔲 SPECIFY	TAV VEAD IE OTHED THA	NITHE OA	LENDAD VEAD.
DECEMBER 31, 2012		TAX YEAR IF OTHER THA	N THE CA	LENDAR YEAR;
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS	THE OPTION OF USING REPORT	ING THRESHOLDS THAT	RE ABSO	LUTE DOLLAR VALUES, WHICH
REQUIRES FEWER CALCULATIONS, (see instructions for further details). CH			JALLY BA	SED ON PERCENTAGE VALUES
				THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to report	OME (Major sources of income to the rt, you must write "none" or "n/a")	e reporting person - See instr	uctions]	
NAME OF SOURCE	SOUF			CRIPTION OF THE SOURCE'S
Sole L District	ADDA	KESS	501	OCAL 95.00()
70,000	THE COURSE	4		9 17000
		<del></del>		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to business	es owned by the reporting pe	rson - See	instructions]
	NAME OF MAJOR SOURCES 1	ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
				· · · · · · · · · · · · · · · · · · ·
DART C. PEAL PROPERTY II				
PART C REAL PROPERTY [Land, build (If you have nothing to report	dings owned by the reporting person t, you must write "none" or "n/a")	- See instructions		INSTRUCTIONS for and where to file this
			form a	re located at the bottom
Mor			of pag	
			file th	UCTIONS on who must s form and how to fill it
			out be	gin on page 3.

PART D — INTANGIBLE PERSON (If you have nothing t				uctions]			
TYPE OF INTANGIBLE			BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
بر	/	. <u> </u>					
1000							
			<del></del>				
PART E — LIABILITIES [Major debts - See instructions]							
(If you have nothing to			n/a")				
NAME OF CREDITOR		<del>\</del>	ADDRESS OF CREDITOR				
Saxtander/Car 185			3585 n. Sternmens trinvay Siloo, Dalks, TX				
IRS	· · · · · · · · · · · · · · · · · · ·	Muter	nal Revenue	e Service.			
			Phil	adelphin PA 1925			
PART F INTERESTS IN SPECIFI (If you have nothing to	ED BUSINESSES	6 [Ownership or positi	ons in certain types of businesses	s - See instructions]			
( ) o = 1 o o i		IESS ENTITY # 1	BUSINESS ENTITY #	# 2 BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY		<i>n</i> )					
PRINCIPAL BUSINESS ACTIVITY	7						
POSITION HELD WITH ENTITY		<del>\(\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex</del>					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	- V						
NATURE OF MY OWNERSHIP INTEREST		<del></del>	<del></del>				
OWINCHOIN INTEREST			<u>                </u>	1			
IF ANY OF PARTS A	THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET. PLEASE CHECK HERE			
		ARE CONTINUE		ET, PLEASE CHECK HERE   NED (required):			
IF ANY OF PARTS A SIGNATURE (requi		ARE CONTINUE					
SIGNATURÉ (requi		ARE CONTINUE					
SIGNATURÉ (requi	red):	ARE CONTINUE  LELING IN:		NED (required): 7-27-13			
SIGNATURÉ (requi	red):	LING IN	DATE SIG	NED (required): 7-27-13			
SIGNATURE (requirements) WHAT TO FILE: After completing all parts of	red):  Lil  F)  of this form,	LING INST	DATE SIG	SNED (required):  7-27-13  WHEN TO FILE: Initially, each local officer/employee			
SIGNATURÉ (requi	red):  Find this form, it, send back	LING INSTANCE TO THE STANCE TO	DATE SIGNATE S	WHEN TO FILE:  Initially, each local officer/employee state officer, and specified state employee must file within 30 days of the date of			
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14554 Herries Way

Supervisor of Elections
Sharon L. Harrington
P.O. Box 2545

Fort Myers, FL 33902

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