| FORM 1 F | | | TEMENT OF | | 2012 | |
|---|---------------------------------------|---|--|--|--|--|
| | | FINANCIAL | INTERESTS | • | | |
| (TO BE FILED V | WITHIN | 60 DAYS OF LEAV | ING PUBLIC OFFIC | CE OR | EMPLOYMENT) | |
| LAST NAME FIRST NAME MIDDLE NAME: | | | NAME OF REPORTING PERSON'S AGENCY: | | | |
| Davies amilia H. | | | - Lee County Board of Commissions. | | | |
| 285101d Burnt Story Rd. | | | CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): | | | |
| Capt Coral 33993 Lee | | | LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE | | | |
| CITY: ZIP: | | COUNTY: | | ON HELD: | ¥ | |
| | | | appointer | | ں | |
| | ***BO | TH PARTS OF THIS SEC | TION MUST BE COMPLE | TED*** | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY | FINANCIAL | INTERESTS FOR THE PERI | OD BETWEEN JANUARY 1, 2 | 012 AND 1 | THE LAST DATE I HELD THE PUBLIC | |
| OFFICE OR EMPLOYMENT DESCR | RIBED ABO | /E, WHICH DATE WAS 9 | | | 12. (Date must be prior to 12/31/42) | |
| FEWER CALCULATIONS, OR USIN | RS THE OPT NG COMPAF | ION OF USING REPORTING RATIVE THRESHOLDS, WHI | ICH ARE USUALLY BASED C | N PERCE | نے OLLAR VALUES, WHICH REQUIRES NTAGE VALUES (see instructions for | |
| further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): | | | | JE THRESHOLDS | | |
| | ينكوي بينكوي | | | | | |
| PART A PRIMARY SOURCES (If you have nothing to | | ME [Major sources of incom u must write "none" or "n/a | | e instructio | ns p. 4] | |
| NAME OF SOURCE | | SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| Salary Compunsation | on | COM Smith | | Enginning | | |
| } | | 2180 W. First St. Str. 400 | | <u> </u> | | |
| | | Ft myurs, | FL 33901 | | | |
| | | <u></u> | | | · · · · · · · · · · · · · · · · · · · | |
| | | | اس کی زکر ا | | | |
| (If you have nothing to | ts, and other o report, you | sources of income to busine: u must write "none" or "n/a | • | on - See in | | |
| NAME OF BUSINESS ENTITY | | E OF MAJOR SOURCES BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| a2 aviation | Finstru | itional Flight School | Charlotte Cou | inty | Pilot School | |
| | | | | | | |
| | | | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p.4] (If you have nothing to report, you must write "none" or "n/a") Lot 43, Block Unit B3 - Cene Wral | | | | | and where to file this form are | |
| 00000000 - 00 - 0647-0013 - Washington County | | | | | INSTRUCTIONS on who must file this form and how to fill it out begin | |
| 0000000 - 00 - 0447-0004- Washington County | | | | | ge 3 of this packet. | |
| | | | | | ER FORMS you may need to e described on page 6. | |

| PART D INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you must w | Y [Stocks, bonds, certificates of deposit, etc See instructions p. 5] write "none" or "n/a") | | | | |
|--|---|--|--|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| HOIK | Fidulity Fricketments | | | | |
| HOIK | Fichelity Environments Vanguard | | | | |
| | | | | | |
| | .12 | | | | |
| | | | | | |
| PART E — LIABILITIES [Major debts - See instructio (If you have nothing to report, you must y | ons p, 5] | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | | |
| None | | | | | |
| | H H | | | | |
| · · · · · | <u> </u> | | | | |
| | | | | | |
| (If you have nothing to report, you must w BUSINESS ENT | TITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 | | | | |
| BUSINESS ENTITY US WINTO | | | | | |
| BUSINESS ENTITY CARVID F1-2 C | | | | | |
| ACTIVITY Flight SU | | | | | |
| WITH ENTITY VICE TYNSI | ident | | | | |
| INTEREST IN THE BUSINESS SUTO | | | | | |
| OWNERSHIP INTEREST Shares of u | lompany | | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | |
| SIGNATURE: | DATE SIGNED: | | | | |
| anelia Al-Davis | 9-27-12- | | | | |
| Unua 99-Baucos | ч <u>д</u> [-] <u>-</u> | | | | |
| FILING INSTRUCTIONS: | | | | | |
| After completing all parts of this form on pages 1 and 2, including signing and dating it, E | WHERE TO FILE: Local officers: file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in | | | | |

need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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

of 2012, you may not have filed Form 1 for 2011. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2011 by July 1, 2012, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.



The Division of Public Resources

2115 Second Street, Fort Myers, FL 33901 Phone (239) 533-2737 Wednesday, September 19, 2012

Ms. Amy Davies 2851 Old Burnt Store Road Cape Coral FL 33993

RE COMMUNITY SUSTAINABILITY

Dear Ms. Amy Davies :

We are in receipt of your resignation from the above mentioned advisory committee.

The 2000 Legislature adopted certain amendments to Florida Statutes that affect persons required to file Financial Disclosure Form 1. Since you were required to file a Form 1, you are now required to file a final statement of financial interest (Form 1F) within <u>60 days</u> after leaving office and/or public position, unless you are assuming a new position that would require a financial disclosure.

These forms are available, and must be filed, at the Supervisor of Elections Office, 2480 Thompson Street, Fort Myers, FL 33901, phone number 533-8683, or with the Supervisor of Elections of the county in which you permanently reside. Lee county residents should mail the form to:

Supervisor of Elections P.O. Box 2545 Fort Myers, FL 33902-2545

The Board of County Commissioners wishes to express their sincere appreciation for your service on this committee. Lee County is very fortunate to have dedicated and concerned citizens who will volunteer their valuable time in striving to help make Lee County a better place for all of our residents and visitors. We hope to have the opportunity of working with you again in the future.

Thank you for your volunteer spirit.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS LEE COUNTY, FLORIDA

