FORM 1		STATEM	IENT OF		2012		
Please print or type your name, mailing address, agency name, and position be	ow:	FINANCIAL	INTEREST	s [FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDE DEETSCREEK DAV MAILING ADDRESS :				1			
1708 ENGLEWOOD	AVE		·	113			
CITY: LEHIGH ACRES NAME OF AGENCY: EAST COUNTY WATE				13JUN1BAR1001 SDE			
NAME OF OFFICE OR POSITION HI COMMISSIONER S			•	E LE OF			
You are not limited to the space on the I CHECK ONLY IF I CANDIDATE		, if necessary. PPOINTEE		βĘ			
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one): DECEMBER 31, 2	IR FINAI EASE ST	ATE BELOW WHETHER TH	E PRECEDING TAX YEAR,	Whethei Ie prece	R BASED ON A CALENDAR DING TAX YEAR ENDING		
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:							
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
ADMIRAL LENGH RESORT [MT PTRN		6 TO MILWAKES SLVD LOW ARES FL 33974			GOLF COURSE MGMT		
SDS Accountered & TAX Societiens		350 HOMESTERIORDS LEHIGNARES FL 35936			AccounTING/TAXES		
					······································		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")							
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE	_	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NONE	5 NONE		NONE		NONE		
PART C REAL PROPERTY [Land, (If you have nothing to re	buildings port, you	- See instructions]	FILING INSTRUCTIONS for when and where to file this				
SINGLE FAMILY HOME 1708	265 FL 33136	form of pa	are located at the bottom				
(34-44-27-12-00024.0150)					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")									
TYPE OF INTANGIBLE			BUSINESS ENTITY TO WH	ICH THE	PROPERTY RELATES				
GIVAB-IRA		GUARDIAN							
	. <u> </u>				· · · · · · · · · · · · · · · · · · ·				
PART E LIABILITIES [Major de (If you have nothing to			n/a")	_					
NAME OF CREDITOR		ADDRESS OF CREDITOR							
WEUS FARGO		P.O. Box .	P.O. Box 14411 DES MOUNES IA 50306-3411						
5TH THIRD BANK		P.O. BOX 740778 CINCINNATI OH 45274-0778							
		670 MILWAUKEE BLVD LETHIGH ACRES FL 33974							
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")									
		S ENTITY # 1 BUSINESS ENTITY #		2 BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY		NG & TAX Soul	TONS		3.1				
ADDRESS OF BUSINESS ENTITY	SSO HOMEST LENION ALLE	5, FL <u>33936</u>							
PRINCIPAL BUSINESS ACTIVITY	ACCOUNTING								
POSITION HELD WITH ENTITY	OWNER/CO	0]					
I OWN MORE THAN A 5%	YES	·							
NATURE OF MY OWNERSHIP INTEREST	EQUITABL	E/ASSETS			е Н С				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (required):									
pla	1		6-16-13						
	FI	LING IN	STRUCTIONS	:					
WHAT TO FILE:		WHERE TO I			N TO FILE:				
including signing and dating it, send back of only the first sheet (pages 1 and 2) for filing.		f you were mailed the form by the Commission on Ethics or a County Supervisor of Elections or your annual disclosure filing, return the orm to that location.		Initially, each local officer/employe, state officer, and specified state employe must file within 30 days of the date f his or her appointment or of the beginning					
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.		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		of employment. Appointees who must the confirmed by the Senate must file prior 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 the					
		file with the Co Drawer 15709, Ta Candidates file ti qualifying papers.	specified state employees mmission on Ethics, P.O. Ilahassee, FL 32317-5709. his form together with their	must file at the same time they file ther 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 dars of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the fiel of filing a CE Form 1 if he or she was in their position on December 31, 2012.					
		under, see the "W page 3.	nt category your position falls ho Must File" Instructions on ill not be accepted.						

