FORM 1	STATEM	ENT OF	2012
Please print or type your name, mailing address, agency name, and position below		INTERESTS	S FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDD	oger Joseph	har	nd delivered
1325 Lyuwda	d Ave		
Ft. Myers	33901 Le	e	nd allivered is the
CITY: /	ZIP: COUNTY:	· • • •	
NAME OF AGENCY :	,	Comm.	
	ANAGER ines on this form. Attach additional sheets,	, if necessary.	v
		PPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20 MANNER OF CALCULATING REPO	EASE STATE BELOW WHETHER TH D12 <u>OR</u> D SPECIFY D <b>RTABLE INTERESTS</b> :	E PRECEDING TAX YEAR, W IS STATEMENT IS FOR THE TAX YEAR IF OTHER THAN	WHETHER BASED ON A CALENDAR E PRECEDING TAX YEAR ENDING N THE CALENDAR YEAR:
THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATION (see instructions for further details).	RS THE OPTION OF USING REPORT S, OR USING COMPARATIVE THRE CHECK THE ONE YOU ARE USING:	SHOLDS, WHICH ARE USUA	ARE ABSOLUTE DOLLAR VALUES, WHICH JALLY BASED ON PERCENTAGE VALUES
(If you have nothing to re	INCOME [Major sources of income to the port, you must write "none" or "n/a")	e reporting person - See mana	
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Le + County Property A	ppendser 2480Thompson	St Ft Myons	Cosseenment Property
, .	·		Assesser
	OF INCOME and other sources of income to business aport, write "none" or "n/a") NAME OF MAJOR SOURCES	ses owned by the reporting pers	rson - See instructions]
BUSINESS ENTITY	OF BUSINESS' INCOME	ADDRESS OF SOURCE	ACTIVITY OF SOURCE
	buildings owned by the reporting person port, you must write "none" or "n/a")		FILING INSTRUCTIONS for when and where to file this
1325 Lynewood	Ave Fr. Myres FL		form are located at the bottom of page 2.
2940 old orcher	d Rd Davie Fo		or page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D - INTANGIBLE PERSONAL PROPERTY			uctions]		
(if you have nothing to report, you n	nust write "none" or "n/a	1")			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NIA					
			· · · · · · · · · · · · · · · · · · ·		
PART E - LIABILITIES [Major debts - See instru	ictions]				
(If you have nothing to report, you m	nust write "none" or "n/a	a <b>")</b>			
NAME OF CREDITOR		ADDRESS	OF CREDITOR		
Wells Frago Bomk	2977	2977 Cleveland Ave FF. Myers FC			
		- NO ELAMONT			
PART F INTERESTS IN SPECIFIED BUSINESS	ES [Ownership or position	ns in certain types of businesses	s - See instructions]		
(If you have nothing to report, you mu	st write "none" or "n/a") INESS ENTITY # 1		s - See instructions]		
BUS		BUSINESS ENTITY #	· · · ·		
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY	/				
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5%					
INTEREST IN THE BUSINESS NATURE OF MY					
IF ANY OF PARTS A THROUGH	FARE CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required):	1	DATE SIG	NED (required):		
			(1, 1, 20)(3)		
	AM	lla A			
log i han	na	Jun-			
Program May	TH INC INS	TRUCTIONS			
Forgue N My	TILING INS	TRUCTIONS			
WHAT TO FILE:	TILING INS	ILĖ:	WHEN TO FILE:		
After completing all parts of this form,	If you were mailed th on Ethics or a Cour	ILE: he form by the Commission hty Supervisor of Elections	WHEN TO FILE: <i>Initially</i> , each local officer/employ state officer, and specified state employ		
	if you were mailed th on Ethics or a Cour for your annual dis	ILE: the form by the Commission ty Supervisor of Elections sclosure filing, return the	WHEN TO FILE: <i>initially</i> , each local officer/employ state officer, and specified state employ must file within 30 days of the date		
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