<u>г</u>		K	++-	
FORM 1	STATEM	ENT OF	Ar	2012
Please print or type your name, mailing address, agency name, and position be	FINANCIAL	INTERESTS	F	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDE	WL R			
2694 SUN	SET LAKE Dr			qor
		V	RF	A YW
CAVE Caral H	Ę		DEIVED 25 2013	
NAME OF AGENCY:	WE CORAC		LEE CO ELECT	DUNTY
NAME OF DEFICE OR POSITION HI	ELD OR SOUGHT: Official			
You are not limited to the space on the I CHECK ONLY IF D CANDIDATE	ines on this form. Attach additional sheets, OR 🔲 NEW EMPLOYEE OR AF		nd	delivered
**** BO1	TH PARTS OF THIS SECTI			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FOR THE	PRECEDING TAX YEAR, W	HETHER	BASED ON A CALENDAR
YEAR OR ON A FISCAL YEAR. PL EITHER (must check one):	EASE STATE BELOW WHETHER THI	S STATEMENT IS FOR THE	PRECED	NING TAX YEAR ENDING
DECEMBER 31, 2	012 <u>OR</u> D SPECIFY	TAX YEAR IF OTHER THAN	THE CAL	ENDAR YEAR:
	DRTABLE INTERESTS: RS THE OPTION OF USING REPORTI IS, OR USING COMPARATIVE THRES			
	CHECK THE ONE YOU ARE USING:			ED UN FERGENTAGE VALUES
	PERCENTAGE) THRESHOLDS		ALUE T	HRESHOLDS
	INCOME [Major sources of income to the eport, you must write "none" or "n/a")	e reporting person - See instruc	ctions]	
NAME OF SOURCE OF INCOME	SOUR ADDR			CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY
City of CARE Cornel	INS CULTURAL PA	ek Kluch CAR BOAL	Mon	heilal Govi
	OF INCOME and other sources of income to business eport, write "none" or "n/a")	es owned by the reporting pers	on - See i	nstructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE		<u> </u>		
PART C REAL PROPERTY [Land, (If you have nothing to re		INSTRUCTIONS for		
NONE			form a	and where to file this re located at the bottom
			of page	σ 2.
······································			INCTO	
			file thi	UCTIONS on who must s form and how to fill it gin on page 3.

TYPE OF INTANGIB	LE		BUSINESS ENTITY TO WH	ICH THE PROPERTY REATES						
NONE	·····		······································	AL W. S.						
	<u> </u>			State of the second sec						
	<u> </u>		<u> </u>							
PART E — LIABILITIES [Major del	bts - See instruct	ions]		<u> </u>						
(if you have nothing to			n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR								
NONE	·									
· · · · · · · · · · · · · · · · · · ·										
PART F — INTERESTS IN SPECIFIE	ED BUSINESSES	Ownership or posit	ions in certain types of businesse	s - See instructions]						
(If you have nothing to r	ave nothing to report, you must write " BUSINESS EN		") BUSINESS ENTITY #	2 BUSINESS ENTITY # 3						
NAME OF BUSINESS ENTITY	NONÉ									
ADDRESS OF BUSINESS ENTITY	TVUNE									
PRINCIPAL BUSINESS ACTIVITY			┥───							
POSITION HELD WITH ENTITY			 							
1 OWN MORE THAN A 5%		<u></u>	<u> </u>							
INTEREST IN THE BUSINESS NATURE OF MY			<u> </u>	<u> </u>						
OWNERSHIP INTEREST										
		ARE CONTINUE		ET, PLEASE CHECK HERE						
SIGNATURE (requir			VALE SIG							
Jane B	$> \leq$		6,	121/13						
	<u> </u>	LING IN	STRUCTIONS	•						
WHAT TO FILE:	<u>.</u>	WHERE TO		• WHEN 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.		lf you were mailed	the form by the Commission	Initially, each local officer/emp state officer, and specified state emp						
		on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location		must file within 30 days of the days of the beg						
If you have nothing to report in a particular		form to that location. Local officers/employees file with the		of employment. Appointees who must a confirmed by the Senate must file prior						
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.		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.		confirmation, even if that is less the days from the date of their appoin						
				Candidates for publicly-elected local off must file at the same time they file the qualifying papers. Thereafter , local officers/employees, sta officers, and specified state employee are required to file by July 1st follow each calendar year in which they hold the positions.						
						To determine what category your position falls under, see the "Who Must File" Instructions on page 3.		Finally, at the end of office or employme each local officer/employee, state officer, a		
								specified state employee is required to final disclosure form (Form 1F) within 6		
								Facsimiles w	<u>ill not be accepted.</u>	of leaving office or employment. Ho

final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the fer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

CE FORM 1 - Effective: January 1, 2013. Refer to Rule 34-8.202 (1), F.A.C.