FORM 1	STATEM	ENT OF		2012
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	·[	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME :			
	Carl			/.
MAILING ADDRESS :				/ E
27791 marco dr:				
Bonita Springs, Fla-	34135 LEE			<b>Y</b>
CITY:	ZIP: COUNTY:		4	<b>/</b>
NAME OF AGENCY :				<u> </u>
NAME OF AGENCT.		<b>!</b> \		;; ;; [
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:			13JUL029M0958 SDE LEE ODF1
You are not limited to the space on the lines	on this form. Attach additional sheets,	if necessary.	,	gmed
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR AF	PPOINTEE		
**** BOTH	PARTS OF THIS SECTI	ON MUST BE COM	PLETE	D ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):				
DECEMBER 31, 2012	OR G SPECIFY	TAX YEAR IF OTHER THAN	THE CAL	ENDAR YEAR:
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). CH	THE OPTION OF USING REPORT OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USUA		
COMPARATIVE (PER	RCENTAGE) THRESHOLDS	OR DOLLAR	VALUE T	HRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to report	COME [Major sources of income to the rt, you must write "none" or "n/a")	ne reporting person - See instru	ctions]	•
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
cham hill	9220 Bonita (	Boach Rel	Ins	spections
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to business	ses owned by the reporting pers	son - See i	nstructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
wolfe & Bob Plumbing	Plambing	margate fla	- Fla.	
PART C REAL PROPERTY [Land, bui	ildings owned by the reporting person rt, you must write "none" or "n/a")	ı - See instructions]		INSTRUCTIONS for and where to file this
N/A			form a	re located at the bottom
			of page	
			file this	JCTIONS on who must s form and how to fill it gin on page 3.

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 WHICH THE PROPERTY RELATES					
N/A_							
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
Suncoast School FCU		Tampa, Fla.					
				M funit			
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")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3							
NAME OF BUSINESS ENTITY	NIA			<u> </u>			
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY				<u> </u>			
POSITION HELD WITH ENTITY		<del>-</del>					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST		-"					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (require	ed):		DATE SIGNED	(required):			
Lastu Don			7-43				

# **FILING INSTRUCTIONS:**

#### WHAT 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.

If you have nothing to report in a particular 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.

# WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

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 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.

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

Facsimiles will not be accepted.

### WHEN TO FILE:

Initially, each local officer/employed state officer, and specified state employed must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior confirmation, even if that is less than 3 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file the 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 the positions.

Finally, at the end of office or employmer each local officer/employee, state officer, as specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However filing a CE Form 1F (Final Statement Financial Interests) does <u>not</u> relieve the file of filing a CE Form 1 if he or she was in the position on December 31, 2012.

'13JUL029M0958 SUE LEE (0)F1

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

