FORM 1	STATEM	ENT OF		2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	F	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE N	red G				
MAILING ADDRESS: 8178 SILVET B	irch Way			713JU	
CITY:	ZIP: COUNTY:		\/		
Le high NAME OF AGENCY:	33971	ee	V	334 91 1	
NAME OF OFFICE OR POSITION HELD	or sought:			13JUN054W0934 STELEE COF	
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE OF					
**** BOTH DISCLOSURE PERIOD:	PARTS OF THIS SECTI	ON MUST BE COM	PLETE	D ****	
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):					
DECEMBER 31, 2012	_	TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPORTATHE LEGISLATURE ALLOWS FILERS TO REQUIRES FEWER CALCULATIONS, CONSIDERATION (see instructions for further details). CHE	HE OPTION OF USING REPORT OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USU	RE ABSO ALLY BAS	LUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES	
COMPARATIVĘ (PERC	CENTAGE) THRESHOLDS	DR DOLLAR	VALUE 1	HRESHOLDS	
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the you must write "none" or "n/a")	e reporting person - See instru	ections]		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
	Riverside Church 8660 Daniels Parkway			erch (1)	
Qualtrore & ASSOC.	4301 Veronica	on of maker	Engl	neeria / Planning	
PART B SECONDARY SOURCES OF I [Major customers, clients, and of the control of	other sources of income to business	es owned by the reporting per	son - See	instructions]	
NAME OF N BUSINESS ENTITY	AME OF MAJOR SOURCES ADDRES OF BUSINESS' INCOME OF SOUR			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA					
PART C REAL PROPERTY (Land build	lings gurned by the reporting namen	Son instructional			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a") Hone at 8/785) Wy Byvch way			FILING INSTRUCTIONS for when and where to file this form are located at the bottom		
140.04 CT 011001	in way		of pag		
			file thi	UCTIONS on who must is 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	S ENTITY TO WHICH THE PROPERTY RELATES				
NIA							
7 7 7							
			<u> </u>				
PART E — LIABILITIES [Major debts (If you have nothing to r	s - See instructions] eport, you must write "none" or "r	n/a")	نسهٔ				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
NIA			Š				
/ -//-			05 09 84				
			`				
			. Ω				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]							
(It you have nothing to re	oort, you must write "none" or "n/a BUSINESS ENTITY # 1	') ,	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	1//		1				
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY	 						
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY	<u> </u>		<u> </u>				
OWNERSHIP INTEREST							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required):							
T-0		6-5-2	6-5-2013				

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 whis 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 offic must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, star officers, and specified state employee are required to file by July 1st following each calendar year in which they hold the positions.

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







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