FORM 1 STATEMENT OF			2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	STS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NA FERGUSON WALTER MAILING ADDRESS :				
11021 RUDEN RO.				
N. FT. MYERS 33 NAME OF AGENCY: HOUSING FINANCE AUTHO	P: COUNTY: 1917 LEE OBITY OF LEE COUNTY	\	13JUN18PM1206 SOE LE	
NAME OF OFFICE OR POSITION HELD O VICE - CHAIRMAN You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	n this form. Attach additional sheets, if necessary.		1306 SOE LE	
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: 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 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:				
REQUIRES FEWER CALCULATIONS, OF (see instructions for further details). CHEC	E OPTION OF USING REPORTING THRESHOLDS R USING COMPARATIVE THRESHOLDS, WHICH AI CK THE ONE YOU ARE USING:	RE USUALL\	ABSOLUTE DOLLAR VALUES, WHICH Y BASED ON PERCENTAGE VALUES LUE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOM	ME [Major sources of income to the reporting person - S you must write "none" or "n/a")	ee instruction	ns]	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PENNY M. FERGUSON	14750 BEN C. PRATT SIX MILE CYPRES	PKWY L	BE COUNTY SHERIFFS OFFICE	
SOCIAL SECURITY UNITED STATES STEEL CARNEGIE FU.	WASHINTON D.C.	50	CIAL SECURITY ADMINISTRATION	
UNITED STATES STEEL CARNEGIE	600 GRANTST- ROOM 2618 PITTSBURG, F.	^ 152M CA	KWOOLE LEWOLDN LAND	
PART B SECONDARY SOURCES OF IN [Major customers, clients, and o (If you have nothing to report,	ther sources of income to businesses owned by the repo	orting person	- See instructions]	
NAME OF N BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME ADDRE OF SOUR		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	1/1/			
	/V/ <i>Y</i> 7			
	ngs owned by the reporting person - See instructions] you must write "none" or "n/a")	w fo	ILING INSTRUCTIONS for then and where to file this form are located at the bottom f page 2.	
A/A			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART D — INTANGIBLE PERSONA (If you have nothing to	AL PROPERTY [Stocks, bonds, certi report, you must write "none" or '	ficates of deposit, etc See instructions	1	
TYPE OF INTANGIBL	E	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
MONEY MARKET & I	-RA RAYMON	RAYMONDVAMES		
SAVINGS ACCOUNT		SUNCOAST SCHOOLS PREDIT UNION		
SAVINGS ACCOUNT	1 . •	WELLS FARGO		
PART E — LIABILITIES [Major debi		•		
NAME OF CREDITOR		ADDRESS OF CREDITOR		
STATE FARM 15201		I N. CLEVELAND AVE. N. FT. MYERS, FL. 33;		
PART F — INTERESTS IN SPECIFIEI (If you have nothing to re	D BUSINESSES [Ownership or positing property positing property pro	ions in certain types of businesses - See ") BUSINESS ENTITY # 2	instructions] BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY		, /	13	
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY			₩ ₩	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			1206	
NATURE OF MY OWNERSHIP INTEREST			355	
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (require	ed):	DATE SIGNED) (required): 목	
Walter R. Z	Forgusp)	06/13/	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 filling.

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

Candidates for publicly-elected local office must file at the same time they file their 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, as specified state employee is required to file 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 file of filing a CE Form 1 if he or she was in the position on December 31, 2012.