FORM 1	STATEM	ENT OF	2012		
Please print or type your name, mailing address, agency name, and position be	10W:	INTERESTS	FOR OFFICE USE ONLY:		
	oss David		. 7		
MAILING ADDRESS 3434 HANCOCK	Bridge Pkwy Ste	2. 203			
CITY :	ZIP : COUNTY :		13/19Y30AM1016 SDELEE OD FI		
AME OF AGENCY :	33903 Le		AM101E		
NAME OF OFFICE OR POSITION H		PRM)			
	lines on this form. Attach additional sheets,	if necessary.	. B		
			· T 1		
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 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: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING: OMPARATIVE (PERCENTAGE) THRESHOLDS OR					
	INCOME [Major sources of income to the				
(If you have nothing to re	eport, you must write "none" or "n/a")				
NAME OF SOURCE OF INCOME	SOUF ADDF	RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PRM	see above	Z	Ensurance Pool		
[
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF BUSINESS ENTITY NAME OF MAJOR SOURCES OF BUSINESS' INCOME ADDRESS OF SOURCE					
			+		
*					
	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")		LING INSTRUCTIONS for hen and where to file this		
			rm are located at the bottom		
			STRUCTIONS on who must this form and how to fill it to begin on page 3.		

PART D — INTANGIBLE PERSONAL PROPE (If you have nothing to report, yo			ructions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
			* 			
			<u> </u>			
PART E — LIABILITIES [Major debts - See in (If you have nothing to report, yo		n/a")	OF CREDITOR			
NAME OF CREDITOR		ADDRESS OF CREDITOR				
		· · · · · · · · · · · · · · · · · · ·				
PART F — INTERESTS IN SPECIFIED BUSINE (If you have nothing to report, you	SSES [Ownership or positi must write "none" or "n/a BUSINESS ENTITY # 1	ions in certain types of businesse ") BUSINESS ENTITY i				
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						
	H F ARE CONTINUE	D ON A SEPARATE SHE				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): DATE SIGNED (required):						
Ross D. Juny 5/2.8/13						
EILING INSTRUCTIONS:						
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:						
including signing and dating it, send back on Ethics or a Co		the form by the Commission unty Supervisor of Elections disclosure filing, return the on.	<i>Initially</i> , each local officer/employed state officer, and specified state employed must file <i>within 30 days</i> of the date his or her appointment or of the beginnin			
If you have nothing to report in a particu section, you must write "none" or "n/a" in t section(s).	hat Supervisor of El which they perma permanently resid	employees file with the lections of the county in nently reside. (If you do not de in Florida, file with the	of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 3 days from the date of their appointmer			
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form	has its headquarte	county where your agency ers.)	Candidates for publicly-elected local offic must file at the same time they file the qualifying papers.			

file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709. Candidates file this form together with their

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

qualifying papers.

Facsimiles will not be accepted.

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

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

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 PO BOX 2545 FORT MYERS FL 33902-2545

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