FORM 1	STATEM	STATEMENT OF			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS			FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE			_	<u> </u>	
MAILINGADDRESS:	emarie C			311	
5495 Panadree	Dr. 713			13JUN 3 PM	
Cal M	1 2200	1		/ ω	
1014 11 lyers to	ZIP: COUNTY:	lee		23	
lee County	30/C		\	<u> </u>	
NAME OF AGENCY:				23 50ELEC OF	
Senior Accoun	Clerk			7	
NAME OF OFFICE OR FOSITION RELL	OK SOUGHT,			<u></u>	
You are not limited to the space on the lines	on this form. Attach additional sheets,	if necessary.			
CHECK ONLY IF CANDIDATE	PPOINTEE	== .			
	PARTS OF THIS SECT	ION MUST BE COM	PLETI	ED ****	
disclosure period: This statem e nt reflec t s your i	FINANCIAL INTERESTS FOR THE	PRECEDING TAX YEAR, W	HETHE	R BASED ON A CALENDAR	
YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):					
DECEMBER 31, 2012	OR SPECIFY	TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPORT	TABLE INTERESTS:				
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS,	THE OPTION OF USING REPORT	ING THRESHOLDS THAT AF SHOLDS. WHICH ARE USUA	E ABSC	DLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES	
(see instructions for further details). CH	ECK THE ONE YOU ARE USING:				
				THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to report	OME [Major sources of income to the rt, you must write "none" or "n/a")	e reporting person - See instruc	tions]		
NAME OF SOURCE	SOUF	RCE'S	DESCRIPTION OF THE SOURCE'S		
OF INCOME	ADDI	RESS	PR	RINCIPAL BUSINESS ACTIVITY	
ee lounly BUC	-				
-					
PART B SECONDARY SOURCES OF	INCOME				
	other sources of income to business	ses owned by the reporting pers	on - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
7-1 Electric Inc	Electrical	Sume as al	pre		
Ingliando ProperticuI	inc Rental				
Passy + Elevent Inc	Craft	_	""		
PART C REAL PROPERTY [Land, bui		- See instructions]	FILIN	G INSTRUCTIONS for	
(If you have nothing to report, you must write "none" or "n/a")			when	and where to file this	
Condo		of pag	are located at the bottom ge 2.		
11 (1			INSTF	RUCTIONS on who must	
all other proper	ties are under	Gagliardo	file th	is form and how to fill it egin 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 INTANGIE	TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELA						
Sovings, checkings, stocks Suncoast FLU							
Tal Park							
		ICX.	ELVINK.				
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				
HBJEC		•		i i			
112-11- E							
Wells Fargo							
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 I		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	Sassyt E	Lecant	Capitardo Propertio	o A-1 Electric			
ADDRESS OF BUSINESS ENTITY		0					
PRINCIPAL BUSINESS ACTIVITY	Craft + Javolry		Rehtal	Flectric			
POSITION HELD WITH ENTITY	Owner		Owner	Owner			
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 (required): DATE SIGNED (required):							
Resemoio 4	5-31-13						

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.

FILING INSTRUCTIONS:

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/employerstate officer, and specified state employers must file within 30 days of the date of 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 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 employme the each local officer/employee, state officer, a specified state employee is required to file affinal disclosure form (Form 1F) within 60 days of leaving office or employment. However filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the first of filing a CE Form 1 if he or she was in the position on December 31, 2012.