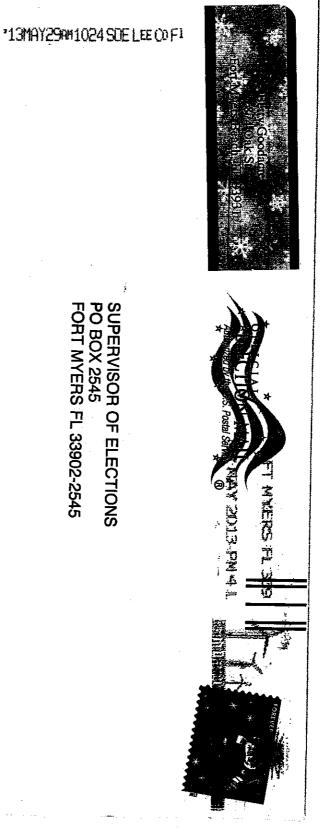
FORM 1	FORM 1 STATEMENT OF			2012		
Please print or type your name, mailing address, agency name, and position belo				FOR OFFICE	USE ONLY:	
LAST NAME FIRST NAME MIDDL GOGDACRE MAILING ADDRESS : 874 O	BEtty					
FT MYERS BO CITY: <u>FT MYERS BOH</u> NAME OF AGENCY: Commission F NAME OF OFFICE OR POSITION HE	E. TRICT			*1311AY294W1024 SCE LEE CO F		
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	If necessary. POINTEE			LEE OF		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILER: REQUIRES FEWER CALCULATIONS (see instructions for further details).	ASE STATE BELOW WHETHER THIS 12 <u>OR</u> SPECIFY T RTABLE INTERESTS: S THE OPTION OF USING REPORTI S, OR USING COMPARATIVE THRES	PRECEDING TAX YEAR, W S STATEMENT IS FOR THE TAX YEAR IF OTHER THAN NG THRESHOLDS THAT AF SHOLDS, WHICH ARE USU/	HETHEI PRECE THE CA RE ABSC ALLY BA	R BASED ON A CAI DING TAX YEAR E ALENDAR YEAR: DLUTE DOLLAR VA	NDING	
PART A PRIMARY SOURCES OF IN	NCOME [Major sources of income to the port, you must write "none" or "n/a")	e reporting person - See instruc	ctions]			
NAME OF SOURCE	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
NA						
PART B SECONDARY SOURCES ([Major customers, clients, a (If you have nothing to re	DF INCOME nd other sources of income to business port, write "none" or "n/a")	es owned by the reporting pers	ion - See	instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NíA.						
PART C REAL PROPERTY [Land, b (If you have nothing to rep N(A .	ouildings owned by the reporting person ort, you must write "none" or "n/a")	- See instructions]	when form of pay INSTR file th	G INSTRUCTION and where to fil are located at th ge 2. RUCTIONS on wi is form and how egin on page 3.	le this ne bottom ho must	

PART D INTANGIBLE PERSON. (If you have nothing to				uctions]			
TYPE OF INTANGIBLE		_ l_	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NTA.							
					······		
PART E — LIABILITIES [Major dek (If you have nothing to			n/a")		م جنبا		
(If you have nothing to report, you must w NAME OF CREDITOR			write "none" or "n/a")				
<u> </u>					24 SOE		
PART F - INTERESTS IN SPECIFIF	D BUSINESSES	 Ownership or positi	ions in certain types of husinesse	s - See instructions!			
(If you have nothing to report, you must write							
	BUSIN	ESS ENTITY # 1	BUSINESS ENTITY #		S ENTITY # 31		
NAME OF BUSINESS ENTITY							
· · · · · · · · · · · · · · · · · · ·		1/P					
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY		V V	<u>.</u>				
I OWN MORE THAN A 5%							
INTEREST IN THE BUSINESS NATURE OF MY							
			D ON A SEPARATE SHE				
SIGNATORE (requir	<u>euj.</u>		_	NED (required)	±		
SIGNATURE (requir	oodace	e	Mae	128/13			
			STRUCTIONS	•			
WHAT TO FILE:		WHERE TO		WHEN 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 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.		<i>Initially</i> , each local state officer, and speci must file <i>within 30 d</i> his or her appointment	ified state employe lays of the date or of the beginnin		
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.		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.)		of employment. Appointees who must b confirmed by the Senate must file prior t confirmation, even if that is less than 3 days from the date of their appointmer Candidates for publicly-elected local offic must file at the same time they file the qualifying papers.			
		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.		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			
		To determine what category your position falls under, see the "Who Must File" instructions on page 3.		positions. <i>Finally</i> , 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			
		Facsimiles will not be accepted.		of leaving office or employment. Howeve			

final disclosure form (Form 1F) within 60 data of leaving office or employment. Howeve filing a CE Form 1F (Final Statement Financial Interests) does <u>not</u> relieve the fil of filing 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

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