FORM 1	STATEM	STATEMENT OF		2012		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTEREST	$S \int$	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE	NAME Telling	C.				
MAILING ADDRESS: 74/000 Ter	wind Access	Last Stre				
Fort Myers	F-L 33	913-8899	\	MS154		
CITY:  Lee Constry  NAME OF AGENCY:	PONT Authors	2		139LG15#10910 SDE		
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:			V H		
You are not limited to the space on the lines	s on this form. Attach additional sheets	•		Lee Op F1		
			-C) ETE			
**** 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):						
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:  COMPARATIVE (PERCENTAGE) THRESHOLDS  DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]						
(If you have nothing to repo NAME OF SOURCE OF INCOME	rt, you must write "none" or "n/a")  SOURCE'S		DESCRIPTION OF THE SOURCE'S			
100 Carla Ronthe	Ha	RESS	FR	INCIPAL BUSINESS ACTIVITY		
The state of the s						
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to business	ses owned by the reporting pe	rson - See	instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NJA						
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")				FILING INSTRUCTIONS for when and where to file this form are located at the bottom		
			of pag	e 2.		
			file th	UCTIONS on who must is form and how to fill it		

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 PROPERTY RELATES			
· N/A					
		<del></del>			
	<del> </del>				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, you must		a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR			
N /#		•	,_		
	T				
			£		
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 ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY			9		
PRINCIPAL BUSINESS ACTIVITY			,		
POSITION HELD WITH ENTITY					
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):			
Q4/M CPmy 72913					

# 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/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 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, and specified state employee is required to file a 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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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Supervisor of Elections **Sharon L. Harrington**P.O. Box 2545
Fort Myers, FL 33902

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