FORM 1	STATEM	ENT OF		2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE	ONLY:
LAST NAME - FIRST NAME - MIDDLE N	AME: CARL		 -		14 W
MAILING ADDRESS: 45	=TR47				13.UNO5ANO912 SOE
	ZIP: COUNTY;				#091
CAPE CORPL	و		\bigvee	3062	
NAME OF AGENCY:				LEOP	
NAME OF OFFICE OR POSITION HELD	144BER				Ĕ
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF	<u> </u>	•			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FI YEAR OR ON A FISCAL YEAR. PLEASI EITHER (must check one): DECEMBER 31, 2012 MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS TI REQUIRES FEWER CALCULATIONS, C (see instructions for further details). CHE	STATE BELOW WHETHER THI OR SPECIFY ABLE INTERESTS: HE OPTION OF USING REPORT IR USING COMPARATIVE THRES CK THE ONE YOU ARE USING:	PRECEDING TAX YEAR, WE S STATEMENT IS FOR THE TAX YEAR IF OTHER THAN ING THRESHOLDS THAT AS SHOLDS, WHICH ARE USU.	THE CA	R BASED ON A CALEND DING TAX YEAR ENDIN LENDAR YEAR: 261 DLUTE DOLLAR VALUES	G 2. S, WHICH
PART A PRIMARY SOURCES OF INCO (If you have nothing to report	ME [Major sources of income to th, you must write "none" or "n/a")	e reporting person - See instru	ctions]		
NAME OF SOURCE OF INCOME	SOUF ADDI	RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
ENTACH COHPUTED SERVICE	1 6338 PRZZIDENTA	LCT, F4, FL 33919	Confu	ish Consulti	(h
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repor	other sources of income to business	es owned by the reporting per	son - See	instructions]	,
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Node					
			· · · · · · · · · · · · · · · · · · ·		
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") UNIN 201, 202, 203 (338) PR43104MMAL CT. FI STYLERS, FL 33919 (PIKINGAL TOLDING OF SWFL, LLC)			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. 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 i				ions]		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NONZ					Ę.	
1.3.2					Z	
					- A	
PART E — LIABILITIES [Major debt	•		n/a"}		13JJNOGAMO112SOELEE	
NAME OF CREDITOR		ADDRESS OF CREDITOR				
					m Q	
CITBANK		P.O. Box 688923, Des Moinis, 1A 50368 =				
CITION						
PART F — INTERESTS IN SPECIFIED (If you have nothing to re	port, you must writ					
NAME OF BUSINESS ENTITY	Nonz	_				
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY					•	
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS NATURE OF MY						
OWNERSHIP INTEREST						
		E CONTINUE		T, PLEASE CHECK HERE		
SIGNATURE (require	<u> </u>		6/4/.	IED (required): 90(ろ		
1			OTDICTIONS.			

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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

TRUMPHINE SELECT

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