FORM 1	STATEMI	ENT OF	_	2012			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL			FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDDLE N MAILING ADDRESS :	, \	\Y	her	officed.			
Z11 58 22,2 5t.							
Cope Com   FC		\	13JUN10PM0344 SOE				
NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD			0344 500				
You are not limited to the space on the lines  CHECK ONLY IF				LEOF			
**** 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):  DECEMBER 31, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:							
MANNER OF CALCULATING REPORT, THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, C (see instructions for further details). CHE COMPARATIVE (PERC	HE OPTION OF USING REPORTI OR USING COMPARATIVE THRES ECK THE ONE YOU ARE USING:	HOLDS, WHICH ARE US	UALLY BA	SED ON PERCENTAGE VALUES			
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]							
(If you have nothing to report, you must write "none" or "n/a")  NAME OF SOURCE  OF INCOME  ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
N/A							
		<del></del>					
<del></del>	<del>-  </del>		<del> </del> -				
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to businesse	es owned by the reporting p	erson - See	e instructions]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NIA							
PART C REAL PROPERTY [Land, build (if you have nothing to report	- See instructions]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
			file th	RUCTIONS on who must his form and how to fill it egin on page 3.			

PART D — INTANGIBLE PERSON. (If you have nothing to	AL PROPERTY [Stoo report, you must w	cks, bonds, certifica	ates of deposit, etc See instructions]	I			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
				<u></u>			
NIA							
PART E — LIABILITIES [Major det (If you have nothing to	ots - See instructions] report, you must w	rite "none" or "n/	a")		713,/UNLOP#0344		
NAME OF CREDITOR		ADDRESS OF CREDITOR			_ <u>Z</u>		
NA					3		
		}			<u>¥</u>		
					8		
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				instructions]  BUSINESS ENTITY # 3	HWH		
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							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A	THROUGH F AR	E CONTINUE	ON A SEPARATE SHEET, P	LEASE CHECK HERE			
SIGNATURE (required):		DATE SIGNED (required):					
D 19 19	- 11	6/5/12					
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.