| FORM 1 | STATEM | IENT OF | | 2012 | |
|---|---|--------------------------------|--------------------|--|--|
| Please print or type your name, mailing address, agency name, and position below: | | _ INTERESTS | | FOR OFFICE USE ONLY: | |
| HOWELL, Edwa | | TA | | . • | |
| MAILING ADDRESS: | " DV | | | X.B.E.I | |
| EFMYERS | | | | 79AT | |
| FTINIYERS 37 | ZIP: COUNTY: | | | 0128 | |
| NAME OF AGENCY: CODE EN FORCEME NAME OF OFFICE OR POSITION HELD O | | | | 13MAY294M1012 SDE LEE OOF | |
| | | | | æ _{F1} | |
| You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OR | | | | | |
| **** BOTH P | ARTS OF THIS SECT | ION MUST BE COM | PLET | ED **** | |
| THIS STATEMENT REFLECTS YOUR FIN YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one): | STATE BELOW WHETHER TH | | | | |
| DECEMBER 31, 2012 | _ | TAX YEAR IF OTHER THAN | THE C | ALENDAR YEAR: | |
| MANNER OF CALCULATING REPORTAL THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OF (see instructions for further details). CHEC | E OPTION OF USING REPORT R USING COMPARATIVE THRE | SHOLDS, WHICH ARE USU | RE ABSO ALLY BA | DLUTE DOLLAR VALUES, WHICH ASED ON PERCENTAGE VALUES | |
| COMPARATIVE (PERC | ENTAGE) THRESHOLDS | OR DOLLAR | VALUE | THRESHOLDS | |
| PART A PRIMARY SOURCES OF INCOME. (If you have nothing to report, | ME [Major sources of income to the you must write "none" or "n/a") | | ctions] | | |
| NAME OF SOURCE OF INCOME | | RCE'S RESS | | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY | |
| JOEINL SECURITY | US GOV. | | | | |
| RYTIKENT | STATE OF FI | DRIBA | | | |
| DISIBILITY | VOTERIONS | ADM. | | | |
| PART B SECONDARY SOURCES OF IN [Major customers, clients, and of (If you have nothing to report, | her sources of income to business | ses owned by the reporting per | son - See | e instructions] | |
| | AME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| J.W. FL. 34 Forg wasis | PANTINU INS | antra | | | |
| | | | | | |
| PART C REAL PROPERTY [Land, building (If you have nothing to report,) | ngs owned by the reporting person you must write "none" or "n/a") | n - See instructions] | | G INSTRUCTIONS for and where to file this | |
| HUME - 1550 WI. | sklenger, ftil | Myurs, Fl. 339 | form of pag | are located at the bottom ge 2. | |
| | | | file th | RUCTIONS on who must iis form and how to fill it egin on page 3. | |
| | | 1 | | | |

| PART D — INTANGIBLE PERSONAL PRO (If you have nothing to report, | | | uctions] | | | |
|--|--|--|--|--|--|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| | | | | | | |
| [| | | | | | |
| | | | | | | |
| PART E — LIABILITIES [Major debts - See (If you have nothing to report, | | n/a") | | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
| | | | | | | |
| 10/ <i>P</i> 3 | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| 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 | | | | | | |
| 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): | | | | | | |
| Edw W Kar | W. Au. | 5-25-13 | | | | |
| FILING INSTRUCTIONS: | | | | | | |
| WHAT TO FILE: | WHERE TO | FILE: | WHEN TO FILE: | | | |
| After completing all parts of this including signing and dating it, send only the first sheet (pages 1 and 2) for the first sheet (pages 2 | back on Ethics or a Co | the form by the Commission unty Supervisor of Elections disclosure filing, return the on. | 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 | | | |
| If you have nothing to report in a parti section, you must write "none" or "n/a" in section(s). | that Supervisor of E which they perma | employees file with the lections of the county in nently reside. (If you do not de in Florida, file with the | 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. | | | |

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.

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.

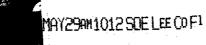
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

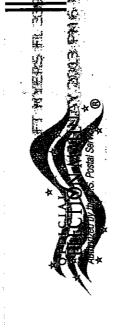
Facsimiles will not be accepted.

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

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.





SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

Mr Edward W Howell Jr 1550 Winkler Ave Fort Myers FL 33901-8537

