FORM 1	STATEM	ENT OF A	1_{c}	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	NAME:			, G				
MAILING ADDRESS: 13328	Little Gen Circle	0.		3.UN28am1051				
				1051				
CITY: Fortmyers,	ZIP: COUNTY:			SDELEE (0,F1				
NAME OF AGENCY:	iontyOffice of Co	ounty Attorney	V	CoF1				
NAME OF OFFICE OR POSITION HELD	DORSOUGHT: LCantyConty	Attorney						
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE (os on this form. Attach additional sheets, OR NEW EMPLOYEE OR AF							
•	PARTS OF THIS SECTI	ION MUST BE COM	PLETI	ED ****				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):								
☐ DECEMBER 31, 2012		TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:				
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). CH	THE OPTION OF USING REPORTS OR USING COMPARATIVE THRES	SHOLDS, WHICH ARE USUA	RE ABSO ALLY BA	OLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES				
COMPARATIVE (PER	RCENTAGE) THRESHOLDS	DR DOLLAR		THRESHOLDS				
	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		RCE'S RESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY				
Lea Conty	FL 2115 and Street 6	oth Floor For Fyr. FL		la colgovernment				
								
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 pers	son - See	instructions]				
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
None	None	Neve		None				
DART O DEAL PROPERTY II and but	at the second her the experting person	- 1						
PART C REAL PROPERTY [Land, building to report the control of t	rt, you must write "none" or "n/a")	- See instructions;		G INSTRUCTIONS for and where to file this				
Nane				are located at the bottom ge 2.				
				RUCTIONS on who must				
				file this form and how to fill it out begin on page 3.				

PART D — INTANGIBLE PERSONAL (If you have nothing to rep]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
None		None					
				· · · · · · · · · · · · · · · · · · ·			
PART E — LIABILITIES [Major debts - (If you have nothing to rep		ite "none" or "n/a	ı")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
None		Nano					
					500		
				<u> </u>			
PART F — INTERESTS IN SPECIFIED E	BUSINESSES [Ow ort, you must write BUSINESS	"none" or "n/a")	s in certain types of businesses - See BUSINESS ENTITY # 2	BUSINESS ENTITY #3	TOO!		
NAME OF BUSINESS ENTITY	No	ne	None	None			
ADDRESS OF BUSINESS ENTITY					Jac		
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5%							
INTEREST IN THE BUSINESS NATURE OF MY							
OWNERSHIP INTEREST	OUIOU E ADE	CONTINUED	ON A GERADATE QUEET D	I FASE CHECK HERE			
SIGNATURE (required		CONTINUED	ON A SEPARATE SHEET, P DATE SIGNE				
			 -				
M	i. hal	J. Hurh		127/13			
FILING INSTRUCTIONS:							

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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 state officer, and specified state 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.

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SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888



NO POSTAGE
NECESSARY
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UNITED STATES