FORM 1	STATEM	ENT OF		2012	
Please print or type your name, mailing address, agency name, and position below:		INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE N	_				
TNSKEED SENNIFE	ER EWOLDT				
9580 MONTEVERD	<u>yaw</u>			ئىر دىي	
FORT MYERS 33912.0103 LEG				13JUN18#M102250ELEE (0) F	
NAME OF AGENCY:	District		10225		
NAME OF OFFICE OR POSITION HELD	OE LEC				
You are not limited to the space on the lines of CHECK ONLY IF				<u> </u>	
	PARTS OF THIS SECTI	ON MUST BE COMP	LET	ED ****	
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 C	ALENDAR YEAR:	
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:					
·		_	ALUE	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 SOURCE'S		·- ·	DESCRIPTION OF THE SOURCE'S		
OF INCOME ADDRESS		ENT MAME, LLC		RINCIPAL BUSINESS ACTIVITY	
DENNIERE E SOCKED DU RUST 9580 MONTH SON MAN, COST MYCE		`^ '	عتصد	estments	
		111111111111111111111111111111111111111			
PART B SECONDARY SOURCES OF I [Major customers, clients, and continuous co	other sources of income to business	es owned by the reporting perso	on - See	e instructions]	
NAME OF N BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NOUE	NONE	NONE		None	
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					
(if you have nothing to report,	you must write "none" or "n/a")		han	and whare to file this	
9580 Moutzvena, Way	Comply as (2 53	912.0903	_	and where to file this are located at the bottom ge 2.	

PART D INTANGIBLE PERSONA (If you have nothing to r	L PROPERTY [Stocks, bonds report, you must write "non	s, certificates of deposit, etc See instructions] te" or "n/a")				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
STOCKS & BOURS	DENI	DENNIERE E INSKEED REVOCABLE TRUST				
PART E — LIABILITIES [Major debts (If you have nothing to re	s - See instructions] eport, you must write "none	e" or "n/a")				
NAME OF CREDITO	R	ADDRESS OF CREDITOR				
Boux of Imerica	4161	4161 Promont Pany CREEDSBORD NC 27410				
						
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 "r\/a")						
(ii you nave nounning to re	BUSINESS ENTITY	•	BUSINESS ENTITY #3			
NAME OF BUSINESS ENTITY	None	NONE	None E			
ADDRESS OF BUSINESS ENTITY			99 000 000			
PRINCIPAL BUSINESS ACTIVITY			O. C.			
POSITION HELD WITH ENTITY			9			
I OWN MORE THAN A 5%			H			
NATURE OF MY						
OWNERSHIP INTEREST			The surface light of the surface of			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required):						
SIGNATURE (require	<u> </u>	DAI E SIGNLD	<u>) (requireu).</u>			
CX Ex Educa	<u>r</u>	17 2002 20	713			
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/employe state officer, and specified state employe must file within 30 days of the date his or her appointment or of the beginnir of employment. Appointees who must the confirmed by the Senate must file prior confirmation, even if that is less than 3 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, star officers, and specified state employees are required to file by July 1st following each calendar year in which they hold the positions.

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However filing a CE Form 1F (Final Statement Financial Interests) does not relieve the first of filing a CE Form 1 if he or she was in the position on December 31, 2012.

13JUN18#102250ELEE (0)FI



Jennifer Inskeep 9580 Monteverdi Way Fort Myers, FL 33912-09t

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

