FORM 1	STAT	EMENT OF	י	2012				
Please print or type your name, mailing address, agency name, and position bel	FINANCI	AL INTER	ESTS [FOR OFFICE-USE ONLY:				
LAST NAME - FIRST NAME - MIDD A Y L MAILING ADDRESS: PO BOX								
TOTH MYENT CITY: Let COUNT NAME OF AGENCY: CHEF HR NAME OF OFFICE OR POSITION HE NAME OF OFFICE OR POSITION HE CHECK ONLY IF CANDIDATE			13JUL319M1019SDELEE (0.F1					
			E COMPLE	· · · · · · · · · · · · · · · · · · ·				
**** 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 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:								
COMPARATIVE (PERCENTAGE) THRESHOLDS OR VQ DOLLAR VALUE 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			ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
	IK PO BOX	9344 Fort						
Lee COUNTY Court Justice Ctr. Fort1				Spouse-Gort.				
·								
(If you have nothing to re	and other sources of income to port, write "none" or "nia")			•				
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCE OF BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NA								
	· · · · · · · · · · · · · · · · · · ·							
PART C REAL PROPERTY [Land, (If you have nothing to re	TILI	NG INSTRUCTIONS for						
Personal	form	n are located at the bottom age 2.						
			INS	TRUCTIONS on who must this form and how to fill it begin on page 3.				

PART D — INTANGIBLE PERSONA (If you have nothing to I				t, etc See instructions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
IRA		Fidelity + American Century					
Deferred C	ING + Nationwill						
Personal O	1ka + Sv95	Wells Fa	30 -50	DACOUST FCU	- Bankal Amer	ica	
PART E — LIABILITIES [Major debt	s - See instructions]		•	YOUS + F	delity		
NAME OF CREDITOR		ADDRESS OF CREDITOR					
N/A							
						4	
						ني	
PART F — INTERESTS IN SPECIFIED (If you have nothing to re	port, you must write	wnership or positic e "none" or "n/a" ENTITY # 1)	pes of businesses - See ins	BUSINESS ENTITY # 3	3181101991	
NAME OF BUSINESS ENTITY	N/M					<u>`</u>	
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY						С	
POSITION HELD WITH ENTITY						Ţ	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A TI	HROUGH F ARI	E CONTINUE	ON A SE	PARATE SHEET, PLE	ASE CHECK HERE)	
SIGNATURE (required): DATE SIGNED (required):							
Da	-/-		7/30/13				
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 filling.

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, filling 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
Sharon L. Harrington
P.O. Box 2545
Fort Myers, FL 33902

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