FORM 1	STATEMENT OF			2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5 [FOR OFFICE USE ONLY	
LAST NAME - EIRST NAME - MIDDLE N. JEFF COAT MAILING ADDRESS: ZZO6 E. 6	AME; Pistophen Russes FL St.	<u></u>			
CITY: Lee County Bonne of NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OF	Valyst	Lee sioners		THAYZEMOZO6 SCIELEE (O) FI	
You are not limited to the space on the lines o CHECK ONLY IF CANDIDATE OR	_	•			
**** 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 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 ADDRESS Lee Co. B.O.C.C. 1825 Hendry		ESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY OUNTY TOUCKNIMENT		
PART B SECONDARY SOURCES OF IN [Major customers, clients, and of (If you have nothing to report,	ther sources of income to businesse	es owned by the reporting per	son - See	instructions]	
NAME OF NABUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, building (If you have nothing to report, your part)	ngs owned by the reporting person - you must write "none" or "n/a")	See instructions]	when a form a of pag INSTR file thi	GINSTRUCTIONS for and where to file this are located at the bottom are 2. UCTIONS on who must is form and how to fill it agin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
SAVINGS	SUNCONT Schools F. C. U.				
Cheding	11 11 11				
TAX Sheltened SAVINGS	NATIONWIDE RETIREMENT Solutions				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
SUNCOAST Schools F.C.V. 226 Beth Street Blue Lehigh Acres FL					
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	W Committee of the comm				
PRINCIPAL BUSINESS ACTIVITY	8				
POSITION HELD WITH ENTITY	ž <u>e</u>				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST	ş				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): DATE SIGNED (required):					
Filipa R 19ford 5/28/13					
FILING INSTRUCTIONS:					
WHAT TO EU E	WHERE TO FILE: WHEN 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.

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.

Initially, each local officer/employed state officer, and specified state employed 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 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, state 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 employmer each local officer/employee, state officer, ar 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 fill of filing a CE Form 1 if he or she was in the position on December 31, 2012.