FORM 1	STATEM	ENT OF		2012				
Please print or type your name, mailing address, agency name, and position below:	<u> </u>	INTERESTS		FOR OPFICE USE ONLY:				
LAST NAME FIRST NAME MIDDLE N	•	REY		1301				
MAILING ADDRESS: 1931 MITCH		,	<u></u>					
ALVA 3	= ,		.3JUL099M0914 SDE LEE (2) F.					
CITY:			H H					
NAME OF AGENCY: ALVA FIRE		1	<u>9</u>					
NAME OF OFFICE OR POSITION HELD OF	2							
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE								
	PARTS OF THIS SECT	ION MUST BE COM	PLETI	ED ****				
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 FROM THE CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES OF THE CALCULATIONS OF 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	l l	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
SELF EMPLOYED		CHELL AVE 7-33920	DR	AFTING				
	ALLYFT	[- //]						
			,					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")								
NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME		ADDRESS OF SOURCE						
HA								
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")				G INSTRUCTIONS for and where to file this				
HK	·	form are located at the bottom of page 2.						
				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
			L					

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							
HOME		SEF							
					-	· <u>-</u>			
						,			
PART E — LIABILITIES [Major de (If you have nothing to		rite "none" or "n	a")			JUL 054M0814 \$DE			
NAME OF CREDITOR		ADDRESS OF CREDITOR							
5/3 BANK		CIHO - MHID							
			1 31 17 -			Ŕ			
PART F — INTERESTS IN SPECIFII (If you have nothing to 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	PELF THAP	e "none" or "Na" ENTITY # 1 SIGNS HELLAN ING	BUSINES	S ENTITY # 2	BUSINESS ENTI				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (require		<u>DATE SIGNED (required):</u>							
Min		4-28-13							
FILING INSTRUCTIONS:									
WHAT TO FILE:	w	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 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.

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.

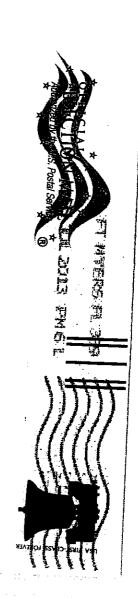
Initially, each local officer/employe state officer, and specified state employe must file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must a confirmed by the Senate must file prior confirmation, even if that is less than 3 days from the date of their appointment.

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

Thereafter, local officers/employees, 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 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 not 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



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