FORM 1		STATEMENT OF			2012		
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL INTERES			FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME - MIDD							
MAILING ADDRESS:	LIAM	DOLPH_					
28633 San Luc	cas L	n. # 201					
			.:			13.0	
CITY	ZIP:		\	₹			
Bonita Springs	34		\	<b>/</b>			
NAME OF AGENCY:  Parklands West  NAME OF OFFICE OR POSITION HE	LD OR S			13JUN077#10954 SDE LEE COF			
Board of Super				Ë			
You are not limited to the space on the li			ĝ				
CHECK ONLY IF  CANDIDATE		NEW EMPLOYEE OR A	<u> </u>				
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):  DECEMBER 31, 20	R FINAN	ATE BELOW WHETHER TH	PRECEDING TAX	YEAR, W FOR THE	HETHEF PRECEI	R BASED ON A CALENDAR DING TAX YEAR ENDING	
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 I	NCOME	Major sources of income to the	e reporting person - S	See instruc	tions]		
(If you have nothing to re	port, you	must write "none" or "n/a")					
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Social Security Ad	min-	Washington, DC.					
SunTrust Bank 17	RA	Bonita Springs, FL			Investments & banking		
Littleford Day Ret. Fund Florence, KT				Investments & banking Machinery monufacturer			
			<u>.</u>		7	more quienes and a contract of the contract of	
PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re	and other	sources of income to business	ses owned by the rep	orting pers	on - See	instructions]	
NAME OF BUSINESS ENTITY	7.00					PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
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 when and where to file this form are legated at the better		
NOIVE		form are located at the bottom of page 2.					
				i	INSTR	UCTIONS on who must is form and how to fill it	
				1	out be	egin 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						
IRA Account		SunTrust Bank						
Deferred Retirement Accit.		Little ford Day Co.						
Bank account		SunTrust Bank						
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						
NONE								
			· · · · · · · · · · · · · · · · · · ·					
		<u> </u>	<u> </u>					
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 BUILDING SHITTY			BOSINESS EN1111 # 2	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	NONE	<u>-</u>						
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								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):			DATE SIGNED (required):					
W.D.Kaufman			June 6, 2013					

# **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/employer state officer, and specified state employer must file within 30 days of the date whise or her appointment or of the beginning of employment. Appointees who must be 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.

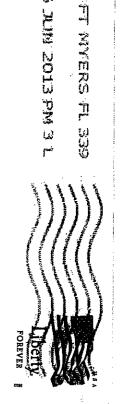
**Thereafter**, local officers/employees, sta officers, and specified state employee are required to file by July 1st following each calendar year in which they hold the positions.

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

PO BOX 2545 Fth Mycrs, FL 33902-2545

Opervisor of Elections

06 JUN 2013 PM 3 L



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