FORM 1	STATEM	ENT OF	2012
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE N  KETTERS ( MAILING ADDRESS:	THREES H.		*13JUN05#M0929 SDE LEE OOF
2343 WUL	FERT RA		05 P##0
SAIBEZ,	33\$7 LE	=	92999
SANIBEZ PLAN	Diak Cannis	sion	
NAME OF AGENCY:	<u> </u>		
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		<b>V</b>
You are not limited to the space on the lines of CHECK ONLY IF   CANDIDATE  O			
	PARTS OF THIS SECTI	ON MUST BE COM	PLETED ****
<b>DISCLOSURE PERIOD:</b> THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEASI EITHER (Myst check one):	INANCIAL INTERESTS FOR THE E STATE BELOW WHETHER THI	PRECEDING TAX YEAR, W S STATEMENT IS FOR THE	/HETHER BASED ON A CALENDAR PRECEDING TAX YEAR ENDING
DECEMBER 31, 2012	OR ☐ SPECIFY	TAX YEAR IF OTHER THAN	THE CALENDAR YEAR:
REQUIRES FEWER CALCULATIONS, C (see instructions for further details). CHE	HE OPTION OF USING REPORT OR USING COMPARATIVE THRES ECK THE ONE YOU ARE USING:	SHOLDS, WHICH ARE USUA	RE ABSOLUTE DOLLAR VALUES, WHICH ALLY BASED ON PERCENTAGE VALUES
PART A PRIMARY SOURCES OF INCO			VALUE THRESHOLDS
(If you have nothing to report	, you must write "none" or "n/a")		
NAME OF SOURCE OF INCOME	SOUF ADDF	· · · -	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SEE ATTACHED			
· · · · · · · · · · · · · · · · · · ·			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to business	ses owned by the reporting per	son - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			
PART C REAL DECOPERTY (I and Inc.)	dings owned by the constitue no	Son instructional	
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
NONE			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.

	<del></del>				
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 INTANGIE	BLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
SEE ATTACH	<b>₩</b>				
		<del></del>			
PART E LIABILITIES [Major de (If you have nothing to	bts - See instructions] o report, you must write "none" or "r	√a")			
, NAME OF CREDIT	or i	ADDRESS OF CRE	DITOP Ü		
A CONTROL OF CHESTION		ADDRESS OF CRE	5		
700.02			<u> </u>		
			0929		
			)S 6		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]					
(If you have nothing to i	report, you must write "none" or "n/a' BUSINESS ENTITY # 1	') BUSINESS ENTITY # 2	H BUSINESS ENTITY#3⊖		
NAME OF BUSINESS ENTITY		, , , , , , , , , , , , , , , , , , ,	DOGINEOS EIVITT # 3C.1		
		PUST LO.			
ADDRESS OF BUSINESS ENTITY	SANIBEZ, FL 3	3457			
PRINCIPAL BUSINESS ACTIVITY	TRUST COMPA	d1			
POSITION HELD WITH ENTITY	DIRECTOR				
I OWN MORE THAN A 5%	NO				
INTEREST IN THE BUSINESS NATURE OF MY	100 ml 5/40/				
OWNERSHIP INTEREST	Common Stock				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):  DATE SIGNED (required):			<u>(required):</u>		
Hels Wille		6/4/2013			
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/employerstate officer, and specified state employers must file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must confirmed by the Senate must file prior confirmation, even if that is less than days from the date of their appointment.

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

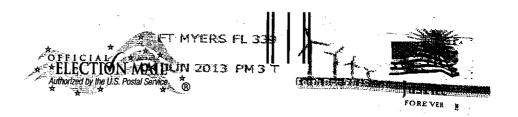
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold the positions.

Finally, at the end of office or employment each local officer/employee, state officer, ar 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 not relieve the filling a CE Form 1 if he or she was in the position on December 31, 2012.

13JUN058M0929 SOE LEE CO F1

Í	TSGNAGHUGGCD DOC FEE Coll.				
	CHARLES H. KETREMEN SHARE MENT OF FINANCIAL /NEWSIJ DETEMBER 31, 2012				
	STATE MENT OF FINANCIAL /NEXESTS				
	DETEMBEX 31, 2012				
	1				
PAI	JA: PRIMARY SOURCES OF MOONE				
1	(h. h. a)				
	NAME ADOESS BUSINESS				
WE	NAME ADOESS BUSINESS TORNROLE PARALEOUS CHICAGO, TU CONQUENTO				
İ					
SA	IBEZ CAPTIUST 10 SANIBER, FL TRUST CO.				
PAG	7-D: INTANGIBLE BELIEVE PROPERTY				
	6				
	TYPE BUSINESS ENTING				
Mo	TOTAL FURD VANDEURED INTERMEDIATE BOND FUND				
	BOND FUND				





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