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 BUSINESS ENTITY NAME OF MAJOR SOURCES OF BUSINESS' INCOME ADDRESS OF SOURCE PRINCIPAL BUSINESS ACTIVITY OF SOURCE 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 located at the bottom of page 2. INTERVAL OWNEELSAGO, IWEEL EVERY OTHER YEAR, UN; F 53YL COCONUT PlawTATION, IIBBOD COCONUT PLAVE, Bonsifa SPEINGS, Florida INSTRUCTIONS on who must file this form and how to fill it	FORM 1	FORM 1 STATEMENT OF			2012		
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(If you have nothing to report, you must write "none" or "n/a") <u>TNTERVALOWNERSHIP, IWEEKEYERY OTHER VEAR, UNIT 5346</u> <u>COCONUT PLANTATION, II8800 COCONUT DRIVE</u> , <u>BONITA SPRINGS, FLORIDA</u> <u>INSTRUCTIONS on who must</u> <u>file this form and how to fill it</u>							
(If you have nothing to report, you must write "none" or "n/a") <u>TNTERVALOWNELSHIP, IWEEKEYERY OTHER VERIC, UNIT 5346</u> <u>COCONUT PLANTATION, 118800 COCONUT DRIVE</u> , <u>BONITA SPRINGS, FLORIDA</u> <u>INSTRUCTIONS on who must</u> <u>file this form and how to fill it</u>					······································		
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INTERVALOWNELSHIP, IWEEKEYERYOTHER VEAR, UNIT 5346 COCONNT PLANTATION, IIBBO COCONNT DRIVE, BONITA SPRINGS, FLORIDA INSTRUCTIONS on who must file this form and how to fill it							
BONITA SPRINGS, FLORIDA INSTRUCTIONS on who must file this form and how to fill it	INTERVALOWNERSHIP, IWEEKEYERY OTHER YEAR, UNIT 5346			form a	are located at the bottom		
	BONITA SPRINGS, FLORIDA BOCRES OF LAND, RIVERS EDGE SUBDIVISION, Ellistry GEORGIA						

PART D — INTANGIBLE PERSON (If you have nothing t				ructions]			
TYPE OF INTANGIBLE			BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Swconst CREDITUNION, EVER BANK		MONCY MARKET, CHECKING					
AMERIPRISE, JANUS, VAN			MUTUAL FUNDS, IRA'S , ANNU; ty				
LINCOLN LIFE, DIVERSIFIED			ETILEMENT ACCT	- ANNUity			
PART E — LIABILITIES [Major de (If you have nothing to	ebts - See instructio	ns]	للوفاقة والمراجع	n - Carta Santa	· · ·		
NAME OF CREDIT	ror .	÷ ÷	ADDREŠS	OF CREDITOR	a ama a tan		
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How DA Motors		HONDA	FINANCE	na an a	······································		
PART F — INTERESTS IN SPECIFI	ED BUSINESSES			s - See instructions]			
(If you have nothing to	report, you must w	rite "none" or "n/a SS ENTITY # 1	") BUSINESS ENTITY (-	ENTITY # 3		
NAME OF BUSINESS ENTITY			Bookeoo Einin I				
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			· · · · ·		1 Ú		
NATURE OF MY OWNERSHIP INTEREST					Ś.		
IF ANY OF PARTS A	THROUGH F A	RE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK H			
SIGNATURE (requi	red):	·	DATE SIG	NED (required):	94 41		
Den fia	Ð		6-3-20	13	SOFE		
	FIJ	LING IN	STRUCTIONS	•	្នុ		
WHAT TO FILE:	• • • • • •	WHERE TO I		WHEN TO FILE:			
After completing all parts of this form, If your including signing and dating it, send back on only the first sheet (pages 1 and 2) for filing. for		you were mailed the form by the Commission n Ethics or a County Supervisor of Elections or your annual disclosure filing, return the rm to that location.		<i>Initially</i> , each local officer/employee, state officer, and specified state employ e must file <i>within 30 days</i> of the date of his or her appointment or of the beginning			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).Low Sup white perNOTE: 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.Low Sup whith the second 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.Calendar for a copy of his or her original for a copy of his or her original for a copy of his or her original for a copy of his or her original form 1 when qualifying.		Supervisor of El which they perma	cal officers/employees file with the pervisor of Elections of the county in ich they permanently reside. (If you do not days from the days fro		ees who must e must file prior o		
		ermanently reside in Florida, file with the upervisor of the county where your agency as its headquarters.) tate officers or specified state employees e with the Commission on Ethics, P.O. rawer 15709, Tallahassee, FL 32317-5709. andidates file this form together with their ualifying papers.		Candidates for publicly-elected local offie must file at the same time they file th ir 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.
				determine what category your position falls ider, see the "Who Must File" Instructions on ige 3.		<i>Finally</i> , at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a	
			.]	Facsimiles wi	<u>Il not be accepted.</u>	final disclosure form (Form of leaving office or emp filing a CE Form 1F (F Financial Interests) does of filing a CE Form 1 if he	117) within 60 da s loyment. However, Final' Statement of not relieve the filer or she was in th ir
				position on December 31,	2012.		

зул -					
	POSTMASTER: This parcel may be opened for postal inspection if necessary. FN# 0228 5/09	Supervisor of Elections PO Box 2545 Fort Myers, FL 33902-2545	FROM: LEE MEMORIAL HEALTH SYSTEM 2776 Cleveland Avenue., Fort Myers, FL 33901 9981 S. HealthPark Drive, Fort Myers, FL 33908 636 Del Prado Boulevard, Cape Coral, FL 33990 13681 Doctor's Way, Fort Myers, FL 33912	4024130618-092115 2 33902 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	335 339 33901S N2-45
				RETURN SERVICE REQUESTED	PRATE FIRST-CLASS NAIL US POSTAGE PAD Ft. INVERS. FL