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 I				
MAILING ADDRESS: 4524 SE 16th	20			
				13JUL31#M1022 SDE LEE 00 F1
CITY: CAPE CAPAL	339c4 COUNTY:	IE.	\	31AM1
NAME OF AGENCY: LEE COUNTY Commis			•	J K
NAME OF OFFICE OR FOSITION HELD EXECUTIVE REQULATORY	" WERSight Count.			m m
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O	L_/	•		0F1
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one): DECEMBER 31, 2012 MANNER OF CALCULATING REPORT. THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, C	E STATE BELOW WHETHER TH OR SPECIFY ABLE INTERESTS: HE OPTION OF USING REPORT OR USING COMPARATIVE THRE	E PRECEDING TAX YEAR, WIS STATEMENT IS FOR THE TAX YEAR IF OTHER THAN TING THRESHOLDS THAT AR SHOLDS, WHICH ARE USUA	HETHER PRECEI THE CA	R BASED ON A CALENDAR DING TAX YEAR ENDING LENDAR YEAR: LUTE DOLLAR VALUES, WHICH
(see instructions for further details). CHE COMPARATIVE (PER		3 27	/ALUE 1	THRESHOLDS
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the type of the company of the com	e reporting person - See instruc	tions)	
NAME OF SOURCE OF INCOME	ADDI	RCE'S RESS		CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
SAUL Homes of Florida Cl	C 4524 SE 16th gr 2c	CHECAN 33901)	BEST DI	botthe Construction
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repor	other sources of income to business	ses owned by the reporting person	on - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NOVE				
PART C REAL PROPERTY [Land, build (If you have nothing to report	, you must write "none" or "n/a")		when form a of pag INSTR	S INSTRUCTIONS for and where to file this are located at the bottom e 2. UCTIONS on who must is form and how to fill it gin 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	≣ }	Е	BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES				
Stecks Bends	Cot	HRLES	SC-HWAB					
STOCKS BONDS	VA	MACAIR	<i>P</i>					
								
PART E — LIABILITIES [Major debts (If you have nothing to r	s - See instructions] eport, you must write "no	one" or "n/a")			TUET			
NAME OF CREDITO	R		ADDRESS OF	CREDITOR				
NOLIFE					THE			
								
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	> 11	1 1-	in Reason Tox.	BG CARE LLC				
ADDRESS OF BUSINESS ENTITY		AE CORPA	Show !	SAME				
	esterta Colors	etial 1	Hon REPARE	LANS HOLDINGS				
POSITION HELD WITH ENTITY	MENDER		resident	MEMBER				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		YES	YES				
NATURE OF MY OWNERSHIP INTEREST	50%		50%	50%				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):			DATE SIGNED (required):					
Rolof slot in			1/30/2013					
FILING INSTRUCTIONS:								
WHAT 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/employee, state officer, and specified state employee 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 30 days from the date of their appointment.

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

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.

以下の記述上

K. KAIGHT 1508 SW 58th SI

CAPE CORAL

HOLDING PRACE

Supervisor of Elections
Sharon L. Harrington
P.O. Box 2545
Fort Myers, FL 33902

BERNIE FELICIANO