FORM 1	STATEM	STATEMENT OF			
Please print or type your name, mailing address, agency name, and position below		INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE	NAME: ICHARD				
	a Cercina I	Ŷ ∠			
	ZIP : COUNTY :				
NAME OF AGENCY:	41 _ 34135 _ Le	<u> </u>	139U006AM0904 SDE LEE O		
NAME OF OFFICE OR POSITION HELI	DO Supervis				
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** 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 FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:					
			ALUE THRESHOLDS		
PART A PRIMARY SOURCES OF IN (If you have nothing to repo	COME [Major sources of income to the ort, you must write "none" or "n/a")	e reporting person - See instruc	ions]		
NAME OF SOURCE OF INCOME	ADDF		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
ORAS Associates, LL	C 20482 Jac Bend of	k 11 1+ 12 57702	Consulting		
Kraska Consellaty	Inc Barrite Sp	- Cerci - 17 305, FL 34135	Consulting		
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	d other sources of income to business	ses owned by the reporting perso	on - See instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
nne					
	·				
PART C REAL PROPERTY [Land, but (If you have nothing to report	uildings owned by the reporting persor ort, you must write "none" or "n/a")	- See instructions]	FILING INSTRUCTIONS for		
Home 12068 Via G	Accine Or Bonitas,	aring 5, FL 34135	when and where to file this 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.		

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")					
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stocks + Bruke	persone	personal - NCA Financial, Fidelity Incohet			
Certificties at Deges	t person	gerson - Bank United, Encore Buck, Third Feder			
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			
Third Federal Sam		-7007 Bradway Ave			
Clevelont Off 4910					
	v				
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	man				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY			2		
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):					
fillash	the	8	3/2013		
FILING INSTRUCTIONS:					
WHAT TO FILE:	WHERE TO I	FILE:	WHEN TO FILE:		
After completing all parts of this for including signing and dating it, send b only the first sheet (pages 1 and 2) for fill	ack on Ethics or a Cou	the form by the Commission unty Supervisor of Elections disclosure filing, return the on.	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		

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.

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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

