FORM 1

STATEMENT OF

2012

Jase print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL	E NAME :			
LACIS ANU MAILING ADDRESS:				
23171 Foxberry Lene				
Bonita Springs	34/35 Lee			
I CILT:	ZIP. COUNTY.			
Board of Commissioners of Lee				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
Airports Special	Soct Committee	<i>-</i>		
You are not limited to the space on the lin				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	PPOINTEE		<u> </u>
	H PARTS OF THIS SECT	ION MUST BE COM	IPLET	ED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUF YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	: FINANCIAL INTERESTS FOR THE ASE STATE BELOW WHETHER TH	E PRECEDING TAX YEAR, N IIS STATEMENT IS FOR TH	WHETHEI E PRECE	R BASED ON A CALENDAR DING TAX YEAR ENDING
DECEMBER 31, 20	12 <u>or</u> 🗆 specify	TAX YEAR IF OTHER THA	N THE CA	
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS (see instructions for further details). COMPARATIVE (PE	S THE OPTION OF USING REPOR , OR USING COMPARATIVE THRE ;HECK THE ONE YOU ARE USING	ESHOLDS, WHICH ARE USI	JALLY BA	DLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES THRESHOLDS
PART A PRIMARY SOURCES OF IN			uctions]	
(If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE SOURCE'S			L DESCRIPTION OF THE SOURCE'S	
OF INCOME	OF INCOME ADDRESS		PRINCIPAL BUSINESS ACTIVITY	
1)452ERS		Albans, NY122		
Fidelity Investmen		allas TX 75267	-	ncial Services
Social Security	Service Center,		 	benefits
Regions Bank	Box 1107, Birmin	shan, ALBICER	<u> Sa</u>	n hing
	or income nd other sources of income to busines port, write "none" or "n/a")	sses owned by the reporting pe	erson - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA				
		<u>-</u>		
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	
				and where to file this are located at the bottom
10651 Gen Lakes Drive (building lot Romita Springo, FL 34525			of pa	ge 2.
			file th	RUCTIONS on who must his form and how to fill it egin on page 3.

TD — 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 TYPE OF INTANGIBLE Mutual Funds IRAS Regions Bank CDS 00s 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 5901 Peachtree Durwoody Rd, Atlanta GA 30325 Criscert 3333 Faman St, Oricha NE 68131 10010 Coconit Rel Bonita Springs FL 34135 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 荒 ADDRESS OF BUSINESS ENTITY 704PM0215 PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY LOWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST Ħ IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE 9 **DATE SIGNED (required):** 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/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 ČE 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.









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