FORM 1	STATEM	ENT OF	P	2012		
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	5	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDL LASTER MAE MAILING ADDRESS :	E NAME : ETHEL					
2198 WRIGHT	STREET		. /			
CITY: FORT MUEK NAME OF AGENCY:	ZIP: COUNTY: 33916	'EE	\bigvee	•13JUN11PM1239SCELEEOOF		
NAME OF OFFICE OR POSITION HE PROCUREMENT You are not limited to the space on the lim	LD OR SOUGHT : MAIACEMENT res on this form. Attach additional sheets,	if necessary.		9930E L EE (
CHECK ONLY IF 🔲 CANDIDATE						
**** 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 (most 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: COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
	NCOME (Major sources of income to the port, you must write "none" or "n/a")	e reporting person - See instr	uctions]			
NAME OF SOURCE OF INCOME	SOUR ADDF		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
LEE COUNTY BOCC						
			}			
		<u> </u>				
PART B – SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re	OF INCOME and other sources of income to business port, write "none" or "n/a")	es owned by the reporting pe	erson - See	instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	N	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A						
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.			
			file th	RUCTIONS on who must is form and how to fill it egin on page 3.		

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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						
AUA							
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR	1	ADDRESS					
AL/A			11				
			1239				
			9 9				
	Charleship or positi	one in certain types of husinesse					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]							
BUSIN	IESS ENTITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY			· · · · · · · · · · · · · · · · · · ·				
PRINCIPAL BUSINESS ACTIVITY AL							
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):							
Nac Chel Marte (yure 3, 2013							
FILING INSTRUCTIONS:							
WHAT TO FILE:	WHERE TO F		WHEN TO FILE:				
After completing all parts of this form, including signing and dating it, send back		the form by the Commission Inty Supervisor of Elections	Initially, each local officer/employed state officer, and specified state employed				
only the first sheet (pages 1 and 2) for filing.	for your annual disclosure filing, return the form to that location.		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	Local officers/employees file with the		of employment. Appointees who must pe confirmed by the Senate must file prior to				
section, you must write "none" or "n/a" in that section(s).	which they permanently reside. (If you do not doub from the date of their appointme						
NOTE:	Supervisor of the county where your agency (Candidates for publicly-elected local of c				
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1	has its headquarters.) must file at the same time they file t						
for a calendar or fiscal year is not required to file a second Form 1 for the same year.	file with the Commission on Ethics, P.O. Thereafter, local officers/employees, still						
However, a candidate who previously filed	Drawer 15709, Tallahassee, FL 32317-5709. officers, and specified state employer Candidates file this form together with their are required to file by July 1st following and specified state employer and specified state employer are required to file by July 1st following and specified state employer are required to file by July 1st following and specified state employer are required to file by July 1st following and specified state employer are required to file by July 1st following are requ						
Form 1 because of another public position must at least file a copy of his or her original	qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on		each calendar year in which they hold t eir positions.				
Form 1 when qualifying.			Finally, at the end of office or employm n each local officer/employee, state officer, in				
	page 3.	· .	specified state employee is required to file final disclosure form (Form 1F) within 60 day				

Facsimiles will not be accepted.

tinal disclosure form (Form 1F) within 60 days of leaving office or employment. Howe er, filing a CE Form 1F (Final Statemen of Financial Interests) does <u>not</u> relieve the iler of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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