FORM 1	STATEM	ENT OF		2012
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S [	FOR OFFICE USE ONLY:
Leite Barbara	NAME:			
ABS. W. 19th Te	rrace			
Cape Coral, FL	33991 Le	e	\	/
	nsit			日報 <b>と</b>
$\sim$ $\sim$ $\sim$	OR SOUGHT:			11 SOE1
You are not limited to the space on the lines  CHECK ONLY IF CANDIDATE C	on this form. Attach additional sheets			13MAY31PM 2 11 SOE LEE CO FI
	PARTS OF THIS SECT	<b>!</b>	PI FTI	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):  DECEMBER 31, 2012	FINANCIAL INTERESTS FOR THE BE STATE BELOW WHETHER TH	E PRECEDING TAX YEAR, V	VHETHER PRECE	R BASED ON A CALENDAR DING TAX YEAR ENDING
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, ( (see instructions for further details). CH	THE OPTION OF USING REPORT OR USING COMPARATIVE THRE ECK THE ONE YOU ARE USING:	SHOLDS, WHICH ARE USU	ALLY BA	SED ON PERCENTAGE VALUES
PART A PRIMARY SOURCES OF INC				THRESHOLDS
(If you have nothing to repor	t, you must write "none" or "n/a")		ioliono <sub>1</sub>	
NAME OF SOURCE OF INCOME	ADDRESS		PR	CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
Lee County Transit	GOSS Landing Ui	ew Rd. Ft. Myers,	$\sum_{i}$	Account Clark
	F1. 33901			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to business	ses owned by the reporting per	son - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NJA				
PART C REAL PROPERTY [Land, build (If you have nothing to report	dings owned by the reporting persor t, you must write "none" or "n/a")	- See instructions]		G INSTRUCTIONS for
28 S.W. 19th		form a	and where to file this are located at the bottom	
Cape Coral, FL-3	3991			UCTIONS on who must
	<del></del>			is form and how to fill it

PART D INTANGIBLE PERSON (If you have nothing to	AL PROPERTY [Sto	ocks, bonds, certific	cates of deposit, etc See instru	uctions]			
TYPE OF INTANGIB	•		•	HICH THE PROPERTY RELATES			
NA	<u></u>		DOGINEOU EITHE	OF THE PROPERTY OF THE STATE OF			
		<del></del>					
PART E — LIABILITIES [Major del				W W			
(If you have nothing to			•	OF CREDITOR			
NAME OF CREDIT	OR	<del></del>	ADDRESS	OF CREDITOR 딸			
Nissan Motor Acc	estance	P.O.	Box 6603	N N N			
	<del></del>	Dal	las Texas 7	25au6 12			
		<del>                                     </del>					
	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")						
(If you have nothing to r	report, you must writ			<del></del>			
WATER OF BUSINESS ENTITY		3 EN111 # 1	BUSINESS CIVILIA	DUSINESS CHITTERS			
NAME OF BUSINESS ENTITY	NIA		<del></del>				
ADDRESS OF BUSINESS ENTITY	NIA						
PRINCIPAL BUSINESS ACTIVITY	NIA						
POSITION HELD WITH ENTITY	NLA		<u> </u>				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NIA						
NATURE OF MY OWNERSHIP INTEREST	NIA						
IF ANY OF PARTS A	THROUGH F AF	RE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (required):			DATE SIGNED (required):				
Barch So	arte		5/29/13				
FILING INSTRUCTIONS:							
WHAT TO FILE	•	WHERE TO F		WHEN TO FILE:			
After completing all parts of	of this form, Ify	you were mailed t	the form by the Commission	Initially, each local officer/employe			
including signing and dating only the first sheet (pages 1 and	d 2) for filing. for	or your annual d	unty Supervisor of Elections disclosure filing, return the	state officer, and specified state employemust file within 30 days of the date			
	fo'	orm to that locatio	on.	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.

Initially, each local officer/employed state officer, and specified state employed 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 confirmation, even if that is less than 3 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file the qualifying papers.

**Thereafter**, local officers/employees, sta officers, and specified state employee are required to file by July 1st followir each calendar year in which they hold the positions.

Finally, at the end of office or employment each local officer/employee, state officer, at specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However filing a CE Form 1F (Final Statement Financial Interests) does not relieve the file of filing a CE Form 1 if he or she was in the position on December 31, 2012.