FORM 1	STATEM	ENT OF		2012			
Please print or type your name, mailing address, agency name, and position below:	•	INTERESTS		FOR OFFICE USE ONLY:			
MAILING ADDRESS	AME: AMES JOSEPH						
219 NE 7		•					
CITY: APE COTAL NAME OF AGENCY:		$\langle $	13.JUN24Pm1232 SOF LEE OPF				
NAME OF OFFICE OR POSITION HELD			V	Ή Ε Ε Ε Ο			
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE	s on this form. Attach additional sheets, OR INEW EMPLOYEE OR AP	-		Ξ			
**** 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: COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INC (If you have nothing to report	COME [Major sources of income to the rt, you must write "none" or "n/a")	e reporting person - See instruc	tions]				
NAME OF SOURCE OF INCOME				CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY			
TAYLOR MORNISON =	WAR RD SHIRSOM	Hot	ne Buzoel				
			<u></u>				
PART B – SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to businesse	es 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				
NTA							
PART C REAL PROPERTY II and but	idings owned by the reporting person	Costinational					
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") 219 NE 7TH PL CAPE COTAL FL 33509				FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must			
			file thi	s form and how to fill it gin on page 3.			

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PART D — INTANGIBLE PERSONA (If you have nothing to I				uctions]		
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
			···· ···			
						<u> </u>
PART E — LIABILITIES [Major debt (If you have nothing to r			n/a")			ni
NAME OF CREDITOR		ADDRESS OF CREDITOR				
,					ſ	404 1
						4948M1230
<u> </u>			<u></u>			
						<u></u>
PART F — INTERESTS IN SPECIFIED (If you have nothing to re				s - See instruction	IS] I	E EE
(ii you have nothing to re	• • •	NESS ENTITY # 1	, BUSINESS ENTITY #	2 .	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	<u></u>	Δ	11/A		ALIA	<u> </u>
ADDRESS OF BUSINESS ENTITY		<u> </u>				
PRINCIPAL BUSINESS ACTIVITY					···	
POSITION HELD WITH ENTITY	. <u></u>					
I OWN MORE THAN A 5%		<u></u>	<u> </u>			
INTEREST IN THE BUSINESS NATURE OF MY						
OWNERSHIP INTEREST						
		ARE CONTINUE	D ON A SEPARATE SHE			<u></u> _
SIGNATURE (require		/	DATE SIG			
Arril	\sim		DATE SIG スイ	June	2013	
	<u>F</u>		STRUCTIONS			
WHAT TO FILE:		WHERE TO		WHEN TO		
After completing all parts of including signing and dating it.		on Ethics or a Col	the form by the Commission unty Supervisor of Elections	state officer,	Initially, each local officer/employe state officer, and specified state employ	
only the first sheet (pages 1 and 2) for filing.		for your annual (form to that location	disclosure filing, return the	must file within 30 days of the date this 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		
section, you must write "none" or "n/a" in that		Supervisor of Elections of the county in which they permanently reside. (If you do not		confirmed by the Senate must file prior confirmation, even if that is less than		
		permanently reside in Florida, file with the		days from the date of their appointme		
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required		Supervisor of the county where your agency has its headquarters.)		Candidates for publicly-elected local officer must file at the same time they file the		
			specified state employees	qualifying papers. Thereafter, local officers/employees, st.		
to file a second Form 1 for the same year.		file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.		officers, and specified state employe		
must at least file a copy of his or her original Form 1 when qualifying.		Candidates file ta qualifying papers.	his form together with their	are required to file by July 1st follow each calendar year in which they hold th positions. <i>Finally</i> , at the end of office or employme		
		To determine what	t category your position falls			
		under, see the who must rife instructions on		each local officer/employee, state officer, a specified state employee is required to file		
		F = = = 1 = = 1 = =		final disclosure	e form (Form 1F) withir	n 60 da
		racsimiles w	<u>ill not be accepted.</u>	filing a ČE I	fice or employment. I Form 1F (Final State	ement
				Financial Inte	rests) does <u>not</u> relieve Form 1 if he or she wa	e the f
					ecember 31, 2012.	.o ii 1 (i

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