STATEMENT OF 2012 FORM 1 FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below: FOR OFFICE USE ONLY: LAST NAME -- FIRST NAME -- MIDDLE NAME : lacchia - Brandi MAILING ADDRESS: CITY ZIP COUNTY: Cape Coral 33990 100010 NAME OF OFFICE OR POSITION HELD OR SOUGHT: You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **** 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	<u> OR</u>		SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:
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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

COMPARATIVE (DEDCENTAGE) THRESHOLDS OF DOLLAR VALUE THRESHOLDS	ns for further details). CHECK THE ONE YOU ARE USIN	IG:		
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS	COMPARATIVE (PERCENTAGE) THRESHOLDS	<u>QR</u>	DOLLAR VALUE THRESHOLDS	

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
School District of Lee Co.	2855 Colonial Blud. Ft. Myus ft	Education		

PART B - SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C REAL PROPERTY	[Land, buildings owned by the reporting person - See instructions]
(If you have nothing	g to report, you must write "none" or "n/a")

FILING INSTRUCTION	NS for
when and where to f	ile this
form are located at t	he bottom
of page 2.	

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

(If you	have not	thing to re	port, you	must write	none"	or "n/a")	I
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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")								
TYPE OF INTANGIBL	-E		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Florida Prepard Co		Story	e of Florida					
	<u> </u>							
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								
Suncoast Schools (CU) PO Box 11904, Tampa, FL 33680								
Chbank		100 Citibank Dr., San Antonio, TX 78245						
Sallie Mae.		90 Box 9532 Willes-Born, PA 1877 3-9532 9						
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	NIA		NIA	N/A				
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<u> </u>							
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required): DATE SIGNED (required):								
7-30-13								
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/employe state officer, and specified state employemust file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must the confirmed by the Senate must file prior confirmation, even if that is less than 3 days from the date of their appointments.

Candidates for publicly-elected local office must file at the same time they file the 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 the positions.

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 days of leaving office or employment. However filling 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.

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545





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