FORM 1 STATEMENT OF 2012 FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : MAILING ADDRESS COUNTY: CITY: NAME OF AGENCY: Siam Manager 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** SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: <u>OR</u> 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 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY Le e Countu 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 NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] FILING INSTRUCTIONS for (If you have nothing to report, you must write "none" or "n/a") when and where to file this

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INSTRUCTION

file this for

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

form are located at the bottom

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 INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
NA			
		<u> </u>	
<u> </u>			
			·····
PART E — LIABILITIES [Major deb (If you have nothing to	ts - See instructions] report, you must write "none" or "n	/a")	
NAME OF CREDITOR ADDRESS OF CREDITOR			
L.M		ADDRESS OF CRE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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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 BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	BUSINESS ENTITY #3
NAME OF BUSINESS ENTITY	NA		_# C
ADDRESS OF BUSINESS ENTITY	NA		DF1
PRINCIPAL BUSINESS ACTIVITY	NA	-	
POSITION HELD WITH ENTITY	NIA		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA		
NATURE OF MY OWNERSHIP INTEREST	NA	***************************************	
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE (requir	<u>ed):</u>	DATE SIGNED (required):	
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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/employed state officer, and specified state employed must file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must confirmed by the Senate must file prior 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 the qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employes 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 day of leaving office or employment. Howevilling 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.