FORM 1	STATEM	ENT OF	2012		
Please print or type your name, mailing address, agency name, and position be	w: FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDE MCBEE JANA MAILING ADDRESS: 911 S YACHT	ET GREGOR		713MAY30		
CITY: SANIBEL NAME OF AGENCY: SANIBEL POL NAME OF OFFICE OR POSITION HI DIRECTOR	ZIP: COUNTY: FL LEE ICE PENSION	PLAN If necessary.	13MAY30AM0958 SQE LEE (0) F1		
CHECK ONLY IF _ CANDIDATE	OR NEW EMPLOYEE OR AP	POINTEE			
**** 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 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	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
BARRIER ISL. TIT	CE SANIBEL, F	-	THE INS.		
			,		
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		
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")			LING INSTRUCTIONS for hen and where to file this		
SANIBEL, FL - PRIMARY RES					
	- PRIMARY R	_ ¬	rm are located at the bottom		

out begin on page 3.

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				
STOCK	SANIE	SANIBEL CAPTIVA LOMM ISK				
1/	AMERITICADE					
U	WAC	WACOVIA				
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					
NA						
, , ,			13			
		· · · · · · · · · · · · · · · · · · ·	13 AAC			
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 SANCAP	BANK		8			
ADDRESS OF BUSINESS ENTITY SANIBE	L.FL		EE			
PRINCIPAL BUSINESS ACTIVITY BANKIN	6		n			
POSITION HELD WITH ENTITY DIRECT	TOR.					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY	INC DEP					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required):						
Janet & mc Bee 5/28/13						
FILING INSTRUCTIONS:						
WHAT TO FILE: WHEN TO FILE:						
After completing all parts of this form, If you were mailed the form by the Commission <i>Initially</i> , each local officer/employed including signing and dating it, send back on Ethics or a County Supervisor of Elections state officer, and specified state employed						

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.

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.

must file within 30 days of the date 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 appointmen

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

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

Finally, at the end of office or employmen each local officer/employee, state officer, an 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.

1.3MAY30AM095850ELEECOF1

911 5 YACKTSMAN SANIBEL, FL 38957

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545 FOREVER POSES SOLVER

դիկերերերերերերերերերերերերերերերերերեր