FORM 1	STATEM	STATEMENT OF					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5	FOR OFFICE USE ONLY:			
LAST NAME - FIRST NAME - MIDDLE I MCCOCMICK Richar MAILING ADDRESS: 1304 Wales Dr			 /	13.11			
CITY: Th. Myers FL NAME OF AGENCY: Arborroad (DD), Villagewalk (NAME OF OFFICE OR POSITION HELD Supervisor You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O	OR SOUGHT:			13JUN154M0933SUE LEE OJF1			
	PARTS OF THIS SECTI	ON MUST BE COM	PLETE	D ****			
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:							
(see instructions for further details). CHECK THE ONE YOU ARE USING: COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the type to must write "none" or "n/a")	e reporting person - See instru	ctions]				
NAME OF SOURCE OF INCOME	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Pulte Group	24311 Walden Center	Dr : Su300	homebuilding				
	Bonita Springs FL	34134					
PART B — SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to business	es owned by the reporting per	son - See	instructions]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	l	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
none							
PART C REAL PROPERTY [Land, build (If you have nothing to report	dings owned by the reporting person, you must write "none" or "n/a")	- See instructions]	when form a of pag	G INSTRUCTIONS for and where to file this are located at the bottom are 2. UCTIONS on who must is form and how to fill it			
				egin 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					
Y IA							
,							
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					
NJA		3Jt					
				5 IN			
				W15##09			
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			9			
ADDRESS OF BUSINESS ENTITY				-1			
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	- 						
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):							
SIGNATURE (requir	<u>.</u>	6/17/13					
FILING INSTRUCTIONS.							

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 employe 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 days from the date of their appointme

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

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

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

1304 wates Dr F+ Mycs FL 39901

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

