FORM 1

STATEMENT OF

2012

<u> </u>				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR	OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE NA	ME:		<u></u> _	
McDonnell, Richar	1 Thomas			<i>f</i>
MAILING ADDRESS :			/	/
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CITY: Z	IP: COUNTY:		\ /	<u> </u>
Sanibel E	133957 Lee		\ \	3
NAME OF AGENCY:			V	#
City of Sanibel Ge	-erral Employer Person	einst Romand		$\widetilde{\omega}$
NAME OF OFFICE OR POSITION HELD O	S SOUGHT	31 60 DOLL12		m
	(0000)			
Director/Trustee				Ä
You are not limited to the space on the lines or	•		Ī	
CHECK ONLY IF CANDIDATE OR	☐ NEW EMPLOYEE OR AF	PPOINTEE		
**** POTU D	ARTS OF THIS SECTI	ON MUST BE COM	DI ETED ****	
DISCLOSURE PERIOD:	ARTS OF THIS SECTI	ION MIOST BE CON	IPLETED	
THIS STATEMENT REFLECTS YOUR FIN	ANCIAL INTERESTS FOR THE	PRECEDING TAX YEAR, V	VHETHER BASED	ON A CALENDAR
YEAR OR ON A FISCAL YEAR. PLEASE				
EITHER (must check one):				
■ DECEMBER 31, 2012	OR SPECIFY	TAX YEAR IF OTHER THAN	THE CALENDAR	YEAR:
MANINED OF CALCULATING DEPORTAL	N E WITEDERTO			
MANNER OF CALCULATING REPORTAL THE LEGISLATURE ALLOWS FILERS TH		ING THRESHOLDS THAT A	RE ABSOLUTE DO	LLAR VALUES WHICH
REQUIRES FEWER CALCULATIONS, OF				
(see instructions for further details). CHEC	K THE ONE YOU ARE USING:			
☐ COMPARATIVE (PERC	ENTAGE) THRESHOLDS	_	VALUE THRESHO	OLDS
		DR DOLLAR		OLDS
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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 INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Investment Assets		Revisional					
Tax depend invistments		Personal (IRA)					
Deferred comp		Morino Ventures, LLC Rucher Rover OH					
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					
USAA (Montgage)		San Antonio, Teras					
				شم الدا السا			
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	Molli srus	L. LLC		98			
ADDRESS OF BUSINESS ENTITY	1333 Ta	hit Dr. S	anbel	Ē			
PRINCIPAL BUSINESS ACTIVITY	- · ·	consult		EE ()			
POSITION HELD WITH ENTITY	Management Member		,	Ī			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	1000h owned						
NATURE OF MY OWNERSHIP INTEREST	autright						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required):							
Mar			6(11/20	13			
EILING INCEDUCTIONS.							

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 filling, 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.

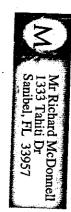
WHEN TO FILE:

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 be confirmed by the Senate must file prior confirmation, even if that is less than a 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 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 employment each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However filling a CE Form 1F (Final Statement of Financial Interests) does not relieve the first of filing a CE Form 1 if he or she was in the position on December 31, 2012.





THE PAST

FOREVER &

一支流的市场

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

