FORM 1	STATEM	ENT OF		2012			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:			
LAST NAME - FIRST NAME - MIDDLE M (10500000000000000000000000000000000000	NAME: Bernano		_				
MAILING ADDRESS:	AFFLO DA	1100		2XHMET			
CITY: A M 7115	ZIP: 39/9 COUNTY: (	E		13MAY29am1040 SOE LEE COF			
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		·				
A 2 V / SOM T	BOAN D	if necessary		Ţ			
<u> </u>	DR NEW EMPLOYEE OR A						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FOR YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one):  DECEMBER 31, 2012  MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). CH	OR SPECIFY  SABLE INTERESTS: THE OPTION OF USING REPORT OR USING COMPARATIVE THRE ECK THE ONE YOU ARE USING	E PRECEDING TAX YEAR, WIS STATEMENT IS FOR THE  TAX YEAR IF OTHER THAN  TING THRESHOLDS THAT AF  SHOLDS, WHICH ARE USUA	HETHEF PRECE THE CA	R BASED ON A CALENDAR DING TAX YEAR ENDING LENDAR YEAR: DLUTE DOLLAR VALUES, WHICH			
PART A PRIMARY SOURCES OF INC				THRESHOLDS			
	t, you must write "none" or "n/a")   SOU		DES	SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY			
	es PO Box 6/00	O 1- NYOCE	Truck, wh				
THP M GOVPIN GROW	P 150 F. 1	33906		ONSUCTINH			
HP M GOVPIN GROW,	5 Miles	7ELO DA 5 E 23919		ONSUCTION			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to business	ses owned by the reporting pers	on - See	instructions]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
$-\nu/a$							
	dings owned by the reporting persor t, you must write "none" or "n/a")	n - See instructions]	when	G INSTRUCTIONS for and where to file this are located at the bottom je 2.			
			file th	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							
w/m									
-			<del></del>						
			····			<del>"-</del>			
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							
1/0		<u></u>					29am 1040		
							2		
	· · · · · · · · · · · · · · · · · · ·						<u> </u>		
PART F — INTERESTS IN SPECIFIC (If you have nothing to NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY	BUSINESS  Myser (	e "none" or "n/a" ENTITY # 1 1 (44/ LL - Fig. 2	") BUSIN	NESS EN	TITY#2	BUSIN	NESS ENTITY # 3 11 1		
POSITION HELD WITH ENTITY									
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	Manaren Kes Manaren			<del></del>					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (required):  DATE SIGNED (required):  6-28-13									
FILING INSTRUCTIONS:									
WHAT TO FILE: WHEN 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 filling.

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.

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.

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 a confirmed by the Senate must file prior confirmation, even if that is less than a 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 filing a CE Form 1F (Final Statement 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.

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Michourn Family Trust
SISO FAMPLELO DA
FMYENS, FL 339/9



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