			N				
FORM 1	STATEM	IENT OF	T	2012			
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERES'	TS	FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDDLE MEDELTOS, MATT MAILING ADDRESS :				/			
9862 Blue St	one Cir.			131			
CITY :	ZIP : COUNTY :		\setminus	13.JUNOGAM0928 SUE LEE COP			
FT. MYARS		lee	\	J			
NAME OF OFFICE OR POSITION HEL	PORSOUGHT:						
You are not limited to the space on the line	rincipal	s if necessary.		H Co T			
				·····			
**** 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:						
PART A PRIMARY SOURCES OF IN (If you have nothing to repo	COME [Major sources of income to the ort, you must write "none" or "n/a")		nstructions]				
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Lee County School Distric	ct 2855 Colonial B	Ind., FT. myers 339	766 Publ	lic Education			
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			
NONE	nla	a n/a		n/a_			
_							
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") NONE			FILING INSTRUCTIONS for when and where to file this form are located at the bottom				
			of page 2.				
			file th	RUCTIONS on who must his form and how to fill it egin on page 3.			

The second s									
PART D — INTANGIBLE PERSONA (If you have nothing to				uctions]					
TYPE OF INTANGIBL	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
Bank Account	Suncoast Schools Federal Credit Union								
				•	н				
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 NAME OF CREDITOR ADDRESS OF CREDITOR Securit Schools Conditional for the security of the security									
	ADDRESS OF CREDITOR								
Suncoast Schools Feder	al Credit Unic	P.O. Box 11904, Tampa, FL 33680							
Freddie MAC Wells Forgo 330 Second Ave. South, Minneapolis, MN 55440									
				,, .					
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	Non	e	None		None				
ADDRESS OF BUSINESS ENTITY	Nor	re.	None		None				
PRINCIPAL BUSINESS ACTIVITY	Nor	~e	None		None				
POSITION HELD WITH ENTITY	Nov	R	None		None				
I OWN MORE THAN A 5%	Non	e	None		None				
NATURE OF MY OWNERSHIP INTEREST	Non	e	None		None				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (required): DATE SIGNED (required):									
hother C. Materiol 6-5-13									
FILING INSTRUCTIONS:									
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:									
After completing all parts of including signing and dating it only the first sheet (pages 1 and	ing and dating it. send back on Ethics or a County Superv		Inty Supervisor of Elections disclosure filing, return the	state o must fi his or	y, each local officer/employee fficer, and specified state employe le within 30 days of the date of her appointment or of the beginnin				
If you have nothing to report in section, you must write "none" or section(s).	"n/a" in that S w pe S	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.)			of employment. Appointees who must b confirmed by the Senate must file prior t confirmation, even if that is less than 3 days from the date of their appointmen. Candidates for publicly-elected local offic must file at the same time they file the				
MULTIPLE FILING UNNECESSARY: has its headquarters.)					ng naners				

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.

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.

qualitying papers.

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

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

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FOREVER B

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

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