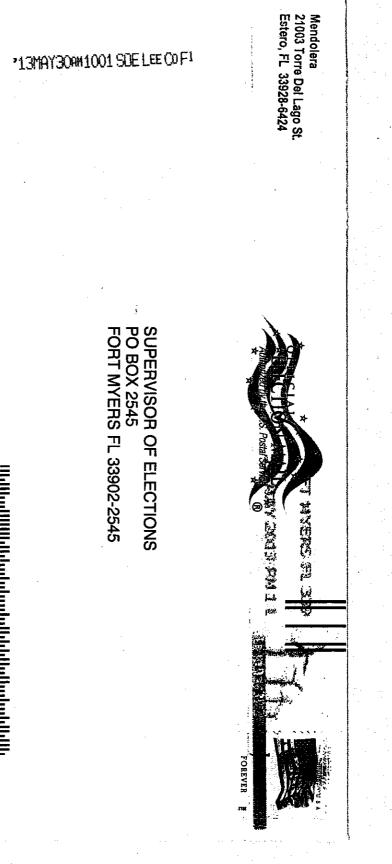
FORM 1						
Please print or type your name, mailing address, agency name, and position bek	0w.	FINANCIAL	INTERES	TS	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDD MENDOLERA MAILING ADDRESS 21003 TORRE		TAMES J	<u>ОЅЕРН</u> Зт		EUHET.	
CITY: ESTERO	ZIP :	COUNTY :	EE		13/19/30/1001 SOE LEE OF	
NAME OF AGENCY: ESTERO FIRE NAME OF OFFICE OR POSITION HE COMMISSIONE		ESCUE			N ELE OFI	
You are not limited to the space on the limited to the spa	ines on this f		· · · · · · · · · · · · · · · · · · ·			
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20	IR FINANCI EASE STAT		E PRECEDING TAX YEA	AR, WHETHE THE PREC	ER BASED ON A CALENDAR EDING TAX YEAR ENDING	
MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATION (see instructions for further details).	RS THE OP S, OR USIN CHECK TH	PTION OF USING REPORT ING COMPARATIVE THRE HE ONE YOU ARE USING:	SHOLDS, WHICH ARE I	USUALLY B	BASED ON PERCENTAGE VALUES	
PART A PRIMARY SOURCES OF I (If you have nothing to re		Major sources of income to th nust write "none" or "n/a")		nstructions]		
NAME OF SOURCE OF INCOME			RCE'S RESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
OHIO POLICE & FIRE PENSI	ON	140 E. TOWN S	T; COLUMBUS		ENSION SYSTEM	
Fυ	ND		0410 43215	<u></u>		
(If you have nothing to re	and other so port, write	ources of income to business "none" or "n/a")		g person - Se		
NAME OF BUSINESS ENTITY		OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE	:	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None						
				 _		
PART C REAL PROPERTY [Land, I (If you have nothing to rep					NG INSTRUCTIONS for n and where to file this	
21003 TORRE DEL L	AGO	ST ESTERO,	FL 33928	form	are located at the bottom age 2.	
· · · · · · · · · · · · · · · · · · ·				- INST	FRUCTIONS on who must	
					this form and how to fill it begin on page 3.	

(If you have nothing to			ificates of deposit, et "n/a")	c See instru	ctions]										
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES													
None															
				<u></u>											
PART E — LIABILITIES (Major de	ots - See instructi	onsi													
(If you have nothing to			"n/a")												
NAME OF CREDIT	OR	ADDRESS			OF CREDITOR										
NYCB MORTGAGE	20, LLC	P.O. Box	742579	CINCIN	NATI	OHIO	45274-2579								
	· -														
PART F — INTERESTS IN SPECIFI	ED BUSINESSES	[Ownership or pos	itions in certain types	of businesses	- See instru	uctions]									
(If you have nothing to	write "none" or "n ESS ENTITY # 1	rite "none" or "n/a")			. BUSINESS ENTITY # 3										
NAME OF BUSINESS ENTITY	NONE														
ADDRESS OF BUSINESS ENTITY	NUNE			<u>-</u> .		· · · · · · · · ·									
PRINCIPAL BUSINESS ACTIVITY			· ·				- AK								
POSITION HELD WITH ENTITY	· · · · · · · · · · · · · · · · · · ·			<u></u>			1001 MADE VA								
I OWN MORE THAN A 5%							1001								
INTEREST IN THE BUSINESS NATURE OF MY															
OWNERSHIP INTEREST					<u> </u>										
IF ANY OF PARTS A		ARE CONTINU													
SIGNATURE (required): DATE SIGNED (required):															
James J.W	iendol	era		MAY.	25,2	013									
	F	LING IN	STRUCT	TIONS	FILING INSTRUCTIONS:										
WHAT TO FILE:															
		WHERE TO	FILE:		WHEN	I TO FIL									
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