			<u>~  </u>	6.		
FORM 1	STATEM	STATEMENT OF		2012		
Please print or type your name, mailing address, agency name, and position below		FINANCIAL INTEREST		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE MERCER RANDAL				/		
MAILING ADDRESS: CRE CONSULTANTS				- B		
12140 CARISSA CON	B 335B	$\langle  $				
CITY : EXECUTIVE REQUESTION NAME OF AGENCY :	LEE mm	/	13AUG13AM0917SDELEEOOF			
NAME OF OFFICE OR POSITION HEL						
Chaleman				н С		
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				Ť		
CHECK ONLY IF CANDIDATE		PPOINTEE	ند			
	PARTS OF THIS SECT	ION MUST BE CON	PLETE	ED ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):						
DECEMBER 31, 201	2 <u>or</u> 🖬 Specify	TAX YEAR IF OTHER THAI	N THE CA	LENDAR YEAR:		
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). Cl	THE OPTION OF USING REPOR OR USING COMPARATIVE THRE HECK THE ONE YOU ARE USING	SHOLDS, WHICH ARE USU :	Jally Ba	DLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES T <b>HRESHOLDS</b>		
PART A PRIMARY SOURCES OF IN		ne reporting person - See instr				
NAME OF SOURCE			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
CRE CONSCIENTANTS	DI40 CARISSA (15	DIVO CARISSA COMMERCE CF		COMMERCIAL REAL		
	FF Myers, FL 33966		ESTATE BOLEROGE			
				Management		
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	d other sources of income to busines	ses owned by the reporting pe	rson - See	instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE				
AA						
Kilmoon Lewis Mercer TA	- Commissions	Votlos KANDOW N	NEADONS Real ECTIONE			
	·	Ct. It Myke	B_	Broker		
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")				FILING INSTRUCTIONS for		
8771 College REY, FT MYERS			when and where to file this form are located at the bottom of page 2.			
14960, 14440, 14320 14290, 14421 Mettopolis AUE, 74 M/05			INSTRUCTIONS on who must			
12140 CORSSA COMMERCE CH, Ft MYERS			file this form and how to fill it out begin on page 3.			

	<u> </u>	<b></b>			<u> </u>			
PART D - INTANGIBLE PERSO				instructions]	-	B -		
(If you have nothing to report, you must write "none" or "n/a")								
			BUSINESS ENTITY TO	PROPERTY RELATES	00 HALELDUAE			
moned De	ROSER ACCO	s Rand	LEWIS MER	oar Pt	1			
Monser Drops	SET Acosen.	te Do	Conal	ι —		29		
		7				— <del>———</del> ————————————————————————————————		
	ehte - Soo i		<u> </u>					
PART E — LIABILITIES [Major de (If you have nothing t			n/a")			ωFI		
NAME OF CREDI	TOR	I	ADDR	ESS OF CREI	DITOR	~		
RECEIONS BO		POIN	1. Bremingh	View VI	35246			
Unu wiske	~~~		Promovy	WWN HI	1 - 2010			
			· · · · · · · · · · · · · · · · · · ·					
PART F — INTERESTS IN SPECIF				esses - See ins	structions]			
(If you have nothing to report, you must w BUSINE		ESS ENTITY # 1	BUSINESS ENT	ITY # 2 .	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	MERCER IN	idestmant	RANDAL COULS M					
ADDRESS OF BUSINESS ENTITY	Propeeri 14465 RA	inbow	16465 RAINDOG		17140 CARISSA	``		
	Man Doube C	+ Ft Myses		4 Mykes	ct. It myers			
PRINCIPAL BUSINESS ACTIVITY	Reputionar	z Prote-	ROAL STATE	pour	HER TOTE	Eater		
POSITION HELD WITH ENTITY	PRES	<u> </u>	Rets		Partier	<u></u>		
I OWN MORE THAN A 5%	/				$\checkmark$			
NATURE OF MY	Shoredo		Share holder		Paroner			
			D ON A SEPARATE					
	<u> </u>							
SIGNATURE (required): DATE SIGNED (required):								
Andals	JM.	nu	/ R.	/ / / r	て			
- juniur								
	<u><b>r</b></u>		STRUCTION					
After completing all parts of	of this form	WHERE TO			N TO FILE: y, each local office	er/employe		
including signing and dating it, send back		on Ethics or a County Supervisor of Elections			officer, and specified sta	ite employe		
only the first sheet (pages 1 ar	for your annual of form to that location		his or	must file within 30 days of the date his or her appointment or of the beginning				
		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 the confirmed by the Senate must file prior confirmation, even if that is less than to days from the date of their appointment <b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying papers.			
section(s).								
NOTE:								
MULTIPLE FILING UNNECESSARY:								
for a calendar or fiscal year is not required		file with the Co	<b>specified state employe</b> mmission on Ethics, P	0. Therea	Thereafter, local officers/employees, state			
to file a second Form 1 for the same year. However, a candidate who previously filed		Drawer 15709, Tallahassee, FL 32317-5709. office			ficers, and specified state employe s e required to file by July 1st followi			
Form 1 because of another public position		<b>Candidates</b> file this form together with their qualifying papers.			alendar year in which they hold their			
Form 1 when qualifying.		To determine what category your position falls under, see the "Who Must File" Instructions on			<i>Finally</i> , at the end of office or employme t each local officer/employee, state officer, a specified state employee is required to file			
final disclosure form (Form 1F) within 60								
Facsimiles will not be accepted. of leaving office or a filing a CE Form 1F					ing once or employme			
			-					
				Financi	ial Interests) does <u>not</u> re a CE Form 1 if he or sh	lieve the fie		

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SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545 Արդերեներեներեններեներեներեներենեն 02 1P **DUCTIO** -0001711956 AUG 12 2013 MAILED FROM ZIP CODE 33966 UNITED ANTES POST \$ 000.460 SITAMP. PLACE

\*13AUG139M0917 SDE LEE CO FL

g/o CRE Consultants

12140 Carlesa Commerce Court, Suite 102

Randal L. Mereer

Fort Myers, FL 33986