| FORM 1 | STATEM | STATEMENT OF | | 2012 | |
|--|--|----------------------------------|----------|--|--|
| Please print or type your name, mailing address, agency name, and position below | FINANCIAL | INTERESTS | | FOR OFFICE USE ONLY | |
| LAST NAME - FILST NAME - MHODLE MILLS LIGA L | NAME : | | | | |
| MAILING ADDRESS: 307 NE144 X | fre | | | -13J | |
| Cape Coral F | :33909 Lee | | | LOIP | |
| CITY Lee County ECA | nomic Develo | pment 1 | | M1055 | |
| 307 NEIGHAR Cape Coral FL 33909 Lee CITY: Lee County Economic Development NAME OF AGENCY: CONTY: COUNTY: COUNTY: NAME OF OFFICE OR POSITION HELD OR SOUGHT: | | | | | |
| | | 16 | | EQ FI | |
| You are not limited to the space on the line CHECK ONLY IF . CANDIDATE | | | | | |
| **** 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: | | | | | |
| COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS | | | | | |
| PART A PRIMARY SOURCES OF IN (If you have nothing to rep | COME [Major sources of income to the ort, you must write "none" or "n/a") | e reporting person - See instruc | tionsj | | |
| NAME OF SOURCE OF INCOME | | RCE'S RESS | | SCRIPTION OF THE SOURCE'S | |
| Lee County EconoMic | Der 2201 Second St | Sute 500 | Go | verment office | |
| 0 | Fort Myers | | | | |
| | | | <u> </u> | | |
| 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 | |
| STATE 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") | | | when | G INSTRUCTIONS for and where to file this are located at the bottom ge 2. | |
| | · · · · · · · · · · · · · · · · · · · | | file th | RUCTIONS on who must his form and how to fill it egin on page 3. | |

| PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you m | Y [Stocks, bonds, certificates of deposit, etc Se | e instructions] | | | |
|--|---|--|--|--|--|
| | | | | | |
| | BUSINESS ENTITY I | TO WHICH THE PROPERTY RELATES | | | |
| ↓ ↓/// | | | | | |
| | | | | | |
| | | | | | |
| PART E — LIABILITIES [Major debts - See instruct (If you have nothing to report, you m | 4 | | | | |
| | t | | | | |
| | | RESS OF CREDITOR | | | |
| | | 1 PM 100 | | | |
| · | | | | | |
| | | | | | |
| PART F INTERESTS IN SPECIFIED BUSINESSE | S [Ownership or positions in certain types of busi | | | | |
| (If you have nothing to report, you mus , BUSI | st write "none" or "n/a") INESS ENTITY # 1 BUSINESS EN | ITITY # 2 , BUSINESS ENTITY # 3 | | | |
| | ΠΔ | | | | |
| ADDRESS OF BUSINESS ENTITY | 10 | | | | |
| PRINCIPAL BUSINESS ACTIVITY | MA | | | | |
| | 1A | | | | |
| I OWN MORE THAN A 5% | MA | | | | |
| NATURE OF MY OWNERSHIP INTEREST | 1A | | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | |
| SIGNATURE (required): | | SIGNED (required): | | | |
| J. D.M | | 1/20/12 | | | |
| Sise L. Mello Harner 6/28/13 | | | | | |
| Ť | ILING INSTRUCTIO | NS: | | | |
| WHAT TO FILE: | WHERE TO FILE: | WHEN TO FILE: | | | |
| After completing all parts of this form, including signing and dating it, send back | If you were mailed the form by the Commiss on Ethics or a County Supervisor of Electi | sion <i>Initially</i> , each local officer/employee, ions state officer, and specified state employee | | | |
| only the first sheet (pages 1 and 2) for filing. | for your annual disclosure filing, return form to that location. | the must file within 30 days of the date of his or her appointment or of the beginning | | | |
| If you have nothing to report in a particular | Local officers/employees file with | the of employment. Appointees who must a | | | |
| section, you must write "none" or "n/a" in that section(s). | Supervisor of Elections of the county which they permanently reside. (If you do | not confirmation, even if that is less than | | | |
| NOTE | permanently reside in Florida, file with Supervisor of the county where your age | the days from the date of their appointment | | | |
| MULTIPLE FILING UNNECESSARY: | has its headquarters.) | must file at the same time they file their | | | |
| Generally, a person who has filed Form 1 for a calendar or fiscal year is not required | State officers or specified state employ file with the Commission on Ethics, F | P.O. 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. officers, and specified state er | | | | |
| Form 1 because of another public position must at least file a copy of his or her original | Candidates file this form together with t qualifying papers. | each calendar year in which they hold their positions. | | | |
| Form 1 when qualifying. | To determine what category your position t under, see the "Who Must File" Instructions | falls Finally at the end of office or employment | | | |

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, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the fill r of filing a CE Form 1 if he or she was in the position on December 31, 2012. Facsimiles will not be accepted.

page 3.

