FORM 1	STATEMENT OF			2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S	FOR OFFICE USE ONLY:	
Mohundro Marga Maling address:	ret Coakley				
15810 San Anton	io Ct.			JUNII:	
CITY:	ZIP: COUNTY:		\	13JUN119M094350ELEE;OF	
NAME OF AGENCY:	Fr lee		V) SE	
NAME OF OFFICE OR POSITION HELD	LIDVAM DISTRICT OR SOUGHT!			() (#	
You are not limited to the space on the lines	on this form. Attach additional sheets.	if necessary.		丑	
CHECK ONLY IF CANDIDATE OF					
**** BOTH I DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FI YEAR OR ON A FISCAL YEAR. PLEASI EITHER (must check one): DECEMBER 31, 2012	E STATE BELOW WHETHER THI	PRECEDING TAX YEAR, V	VHETHER E PRECEI	R BASED ON A CALENDAR DING TAX YEAR ENDING	
MANNER OF CALCULATING REPORTATHE LEGISLATURE ALLOWS FILERS TO REQUIRES FEWER CALCULATIONS, O (see instructions for further details). CHE	HE OPTION OF USING REPORTI OR USING COMPARATIVE THRES OCK THE ONE YOU ARE USING:	SHOLDS, WHICH ARE USU 	ALLY BA	SED ON PERCENTAGE VALUES	
PART A PRIMARY SOURCES OF INCO				THRESHOLDS	
	, you must write "none" or "n/a") SOUR			CRIPTION OF THE SOURCE'S	
OF INCOME	ADDR	=	PRINCIPAL BUSINESS ACTIVITY		
Campa pany gayay 53	NO 110 Datof Forse	January 12 55131	<u>, u</u>	gyc G brum	
PART B SECONDARY SOURCES OF I [Major customers, clients, and c (If you have nothing to report	other sources of income to business	es owned by the reporting per	son - See	instructions]	
NAME OF N BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA					
-					
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")			_	INSTRUCTIONS for and where to file this	
N/A		form are located at the bottom of page 2.			
			INSTR	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						
IRA		TIAH-CREF						
IRA	Northern Trust							
Bank Hocourts		Edison National Bank						
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						
L N/A L								
					AMO.			
					PMO943 S			
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	N	A			T			
ADDRESS OF BUSINESS ENTITY			· · · · · · · · · · · · · · · · · · ·		·			
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):			DATE SIGNED (required):					
Mayande. Mikundo			(e - l	1-13				
FILING INSTRUCTIONS:								
WHAT TO FILE.	WHAT TO FILE: WHERE 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 filing.

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.

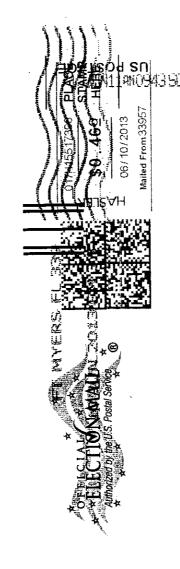
Initially, each local officer/employe state officer and specified state employe must file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must I confirmed by the Senate must file prior confirmation, even if that is less than days from the date of their appointment

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, sta officers, and specified state employed 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 d specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Howev filing a CE Form 1F (Final Statement Financial Interests) does not relieve the f of filing a CE Form 1 if he or she was in the position on December 31, 2012.





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

Sanibel Public Library
770 Dunlop Road -Sanibel, FL 33957