| FORM 1 | STATEM | ENT OF | | 2012 | | | | |
|--|--|---|---|---|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | | FOR OFFICE USE ONLY: | | | | |
| LAST NAME - FIRST NAME - MIDDLE N MOVED AND SAME MAILING ADDRESS: | | # | _ | j j | | | | |
| O(2) | ner Circle | | | 13JUN1/7#M0935 SDE LEE OD FI | | | | |
| CITY: | ZIP: COUNTY: | | | / 326% | | | | |
| NAME OF AGENCY: | EE | $\sqrt{}$ | 9E E | | | | | |
| NAME OF OFFICE OR POSITION HELD | | | • | ₩ 00 F1 | | | | |
| You are not limited to the space on the lines of | | · • | | | | | | |
| CHECK ONLY IF CANDIDATE OF | | | | | | | | |
| **** 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 REPORTATIVE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, Of (see instructions for further details). CHE | HE OPTION OF USING REPORT OR USING COMPARATIVE THRE | SHOLDS, WHICH ARE USUA | | | | | | |
| COMPARATIVE (PERC | CENTAGE) THRESHOLDS | OR DOLLAR | VALUE | THRESHOLDS | | | | |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a") | | | | | | | | |
| NAME OF SOURCE SOURCE'S OF INCOME ADDRESS | | RESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | | |
| School District & Lee County 2855 Colonial Alud Fit Myer | | ud Ft Myori, FC. | Education | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PART B — SECONDARY SOURCES OF I [Major customers, clients, and c (If you have nothing to report | other sources of income to business | ses owned by the reporting pers | son - See | instructions] | | | | |
| BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | | | | | |
| Nove | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PART C REAL PROPERTY [Land, build (If you have nothing to report, | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. | | | | | | |
| | | | INSTR | RUCTIONS 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 | | | | | | |
| None | | | | | | | | |
| | | | | | | | | |
| | · | | | | , | | | |
| 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 | | | | | | |
| None | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | 7 | | | |
| | | | | | EGOMU TANDE | | | |
| 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 | None | | | | ωF | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | | | | | |
| POSITION HELD WITH ENTITY | | | | | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | - <u>-</u> | | | | | | |
| 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): | | | | | | | | |
| G/14/13 | | | | | | | | |
| FILING INSTRUCTIONS: | | | | | | | | |

WHAT 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.

WHERE TO FILE:

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.

WHEN TO FILE:

Initially, each local officer/employe state officer, and specified state employemust file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior confirmation, even if that is less than 3 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, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold the positions.

Finally, at the end of office or employment each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 days of leaving office or employment. However filing a CE Form 1F (Final Statement Financial Interests) does not relieve the file 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

