FORM 1	STATEM	ENT OF	H	2012			
Please print or type your name, mailing address, agency name, and position below:		INTERESTS		FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDDLE N MOSCLY & MANCY MAILING ADDRESS:	ice gacinta						
4124 Residence	DRIKE Unit	417		1 1 1 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 3 3 3 3 3 3 3 3 3			
OCT. Myers. Fo	1 33901 kee	County	\				
Lee County BOCC	zip: county: // Lee County Visi	for f	1	\			
NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD C		a Bueau		13AUG06AM0903 SDE LEE CO FI			
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	<u> </u>	•		7			
**** BOTH F	PARTS OF THIS SECTION	ON MUST BE COMP	LETE	D ****			
THIS STATEMENT REFLECTS YOUR FIT YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one):							
DECEMBER 31, 2012	OR D SPECIFY T	TAX YEAR IF OTHER THAN T	THE CAL	_ENDAR 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:							
				HRESHOLDS			
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	ME [Major sources of income to the you must write "none" or "n/a")	∍ reporting person - See instruct	tions]				
NAME OF SOURCE OF INCOME	SOUR ADDR			CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY			
Emplayor Mont	2201 Second St.	It. Myors Fl.		gone.			
		33916					
							
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 N. BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
- N $+$ N							
PART C REAL PROPERTY [Land, buildi	and by the reporting person	O instructional					
PARIO - REMETRO FERRI LESINO DOLLO	AOS OWNED DY THE LEADING A PROPERTY	- See instructions	FILING	INSTRUCTIONS for			
	you must write "none" or "n/a")		when a form a	and where to file this are located at the bottom			
			when a form a of page	and where to file this are located at the bottom			

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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					
	1						
11/4	<u></u>						
PART E — LIABILITIES [Major del (If you have nothing to			ıla")	-;			
NAME OF CREDIT	OR	ADDRESS OF CREDITOR					
<i></i>							
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")							
	BUSIN	NESS ENTITY # 1	BUSINESS ENTITY #	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY				3			
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY		11					
POSITION HELD WITH ENTITY		H					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	1/	<i>/-</i> /					
NATURE OF MY OWNERSHIP INTEREST		1					
IF ANY OF PARTS A	THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (requir	ed);		DATE SIG	NED (required):			
TOOMY			of 8, 4.0013				
FILING INSTRUCTIONS:							
WHAT TO FILE: WHEN TO FILE:							
After completing all parts or including signing and dating only the first sheet (pages 1 and	it, send back d 2) for filing.	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. Initially, each local officer/employed state officer, and specified state employed must file within 30 days of the date of the beginning of the proportion of the beginning of the proportion of the position of the second of the proportion of the p					
If you have nothing to report is section, you must write "none" o section(s).		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					
NOTE:		Supervisor of the county where your agency Candidates for publicly-elected local office					

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.

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.

must file at the same time they file their 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 their positions.

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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Sharon L. Harrington P.O. Box 2545 Fort Myers, FL 33902 Supervisor of Elections

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