FORM 1	STATEM	STATEMENT OF		2012	
Please print or type your name, mailing address, agency name, and position below	FINANCIAI	INTERESTS		FOR OFFICE USE ONEY:	
HUPNIH Jerrold MAILING ADDRESS:	ENAME: 1916er T		•	BESTELE COPI	
		-		√ PI	
You are not limited to the space on the line CHECK ONLY IF			-		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):	ASE STATE BELOW WHETHER TH	E PRECEDING TAX YEAR, W	/HETHER	BASED ON A CALENDAR	
MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS (see instructions for further details). COMPARATIVE (PE	RTABLE INTERESTS: B THE OPTION OF USING REPOR , OR USING COMPARATIVE THR HECK THE ONE YOU ARE USING	ESHOLDS, WHICH ARE USU 6:	RE ABSOI ALLY BAS	LUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES	
PART A PRIMARY SOURCES OF IN	RCENTAGE) THRESHOLDS  COME [Major sources of income to the company of the company			HRESHOLDS	
(If you have nothing to reponent of SOURCE OF INCOME		DES	CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY		
Periwoutle PARK	1119 Briwata	,	BU AND Hobile		
		1		Me AART	
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busines	sses owned by the reporting per	son - See i	nstructions] PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
NA NA					
PART C REAL PROPERTY [Land, be (If you have nothing to report of the part)  1119 Per; w. W. He	n - See instructions]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.  INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
Savihel FI					

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					
STOCKS + BONDS		Merril	11 Lypch	+ SANIK!	Trust Company		
_							
PART E — LIABILITIES [Major debts (if you have nothing to re			ı")				
NAME OF CREDITOR	₹		i	ADDRESS OF CREDITO	OR		
NA					μ		
					Ę		
					5		
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 # 2							
NAME OF BUSINESS ENTITY			<u> </u>				
ADDRESS OF BUSINESS ENTITY					9		
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):			DAT	TE SIGNED (re	equired):		
Jerrold Huenik			Ja	ure 3, 20/	3		
FILING INSTRUCTIONS:							
WHAT TO FILE:	W'	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/employed state officer, and specified state employed must file within 30 days of the date of 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, as 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 file of filing a CE Form 1 if he or she was in the position on December 31, 2012.

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

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