FORM 1	STATEM	ENT OF		2012			
Please print or type your name, mailing address, agency name, and position be	FINANCIAL	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDE	ZIP: COUNTY:	ne ay	_/	-13JUL 30900			
NAME OF AGENCY :/ Le (000/Y NAME OF OFFICE OR POSITION/H DifectOc You are not limited to the space on the I CHECK ONLY IF CANDIDATE		-	J	13.111_30AM0924 SCE LEE OD F1			
**** 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): Q 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 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 ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
lectomy Dort no	to the the	1A	<u> </u>				
		111					
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			
-A+A							
		<u> </u>					
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")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom				
AI THE				of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

PART D INTANGIBLE PERSONAL PROPERT (If you have nothing to report, you i			ctions]					
TYPE OF INTANGIBLE								
M								
V.	VITT							
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								
		<u> </u>						
	IN A							
				13				
PART F INTERESTS IN SPECIFIED BUSINESS			- See instructions]	المنابعة ال المنابعة المنابعة الم				
(If you have nothing to report, you mi BUଏ	ust write "none" or "nva SINESS ENTITY # 1	") BUSINESS ENTITY #	2 ₁ E					
NAME OF BUSINESS ENTITY				իներ ՄՆ 				
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):								
(11 -1/20/12								
		//	<u>vo L</u>	<u>`</u>				
FILING INSTRUCTIONS:								
WHAT TO FILE: After completing all parts of this form	WHERE TO I	FILE: the form by the Commission	WHEN TO	FILE: h local officer/employe				
including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a Cou	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the		state officer, and specified state employed must file within 30 days of the date				
	form to that location	form to that location.		ointment or of the beginning. Appointees who must t				
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).	t Supervisor of El	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.)		he Senate must file prior to ven if that is less than				
NOTE:	permanently resid			days from the date of their appointment Candidates for publicly-elected local office				
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form ²	has its headquarte			must file at the same time they file the qualifying papers.				
for a calendar or fiscal year is not required to file a second Form 1 for the same year	file with the Co	State officers or specified state employees file with the Commission on Ethics, P.O.		Thereafter, local officers/employees, state				
However, a candidate who previously filed Form 1 because of another public position	Candidates file t	Drawer 15709, Tallahassee, FL 32317-5709. <i>Candidates</i> file this form together with their		officers, and specified state employes are required to file by July 1st following each calendar year in which they hold the positions. <i>Finally</i> , 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 fear of filing a CE Form 1 if he or she was in the position on December 31, 2012.				
must at least file a copy of his or her origina Form 1 when qualifying.	qualifying papers.							
rom r when qualitying.	under, see the "W							
	<u>Facsimiles w</u>							

