FORM 1	STATEM	ENT OF		2012		
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE NAME : PARKER - WILEY - MOORE						
MAILING ADDRESS : 1233 COCONT			1 W			
				55VD		
FORT MYERS 33				13NUV25AM110750ELEEOOF		
	rdship advisory co			Se .		
NAME OF OFFICE OR POSITION HELD OR SOUGHT :				LEO		
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.						
**** 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 (roust check one):         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:						
				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 OF INCOME	SOUF ADD	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
NONC				· · · · · · · · · · · · · · · · · · ·		
NONE						
	OF INCOME and other sources of income to business eport, write "none" or "n/a")	es owned by the reporting pers	on - See	instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NOHE						
	1 M.D	Operation of the D				
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")			when	G INSTRUCTIONS for and where to file this		
OFFICE BUILDING (10%)			form of pa	are located at the bottom ge 2.		
2130 MEGREGOR BLVD				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
FT. MYERS, FL 33901						

PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, you	FY [Stocks, bonds, certif must write "none" or "	"n/a")				
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
RETIREMENT ACCOUNT						
	1514	) KOYNLPALM S	puare blud, suite 103			
FT. MYERS, FL 33019						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")						
	Must write "none" of 1					
NAME OF CREDITOR		ADDRESS OF CREDITOR				
FLAGSTAR BANK	5151	5151 CORPORATE DRIVE				
(HOME MORTGAGE)	TRO	TROY, MICHEAN 48098-2639				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]						
(If you have nothing to report, you mu	ust write "none" or "n/a SINESS ENTITY # 1	3")				
· · · · · · · · · · · · · · · · · · ·		BUSINESS ENTITY	# 2 BUSINESS ENTITY # 3.			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	<u>2176</u>		110			
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST			8			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):						
Willing M. PANKEN 22 Nov 2013						
F	TI ING IN	STRUCTIONS	•			
WHAT TO FILE:	WHERE TO F		· WHEN TO FILE:			
After completing all parts of this form,	, If you were mailed	the form by the Commission	Initially, each local officer/employe			
<ul> <li>including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.</li> </ul>	for your annual d	unty Supervisor of Elections disclosure filing, return the	state officer, and specified state employe must file within 30 days of the date			
If you have nothing to report in a particular	form to that locatio		his or her appointment or of the beginning of employment. Appointees who must			
section, you must write "none" or "n/a" in that section(s).	Supervisor of Ele	Supervisor of Elections of the county in confirmed by the Senate must file				
	permanently resid	permanently reside in Florida, file with the days from the date of their app				
NOTE: MULTIPLE FILING UNNECESSARY:	Supervisor of the has its headquarte	Supervisor of the county where your agency must file at the same time they				
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required	State officers or s	State officers or specified state employees qualifying papers.				
to file a second Form 1 for the same year.	Drawer 15709. Tal	ile with the Commission on Ethics, P.O. <b>Thereafter</b> , local officers/employees, s Drawer 15709, Tallahassee, FL 32317-5709. officers, and specified state employ				
However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original.	<b>Candidates</b> file this form together with their qualifying papers. are required to file by July 1st followi each calendar year in which they hold the positions.					
Form 1 when qualifying.	To determine what category your position falls under, see the "Who Must File" Instructions on		Finally, at the end of office or employment,			

Facsimiles will not be accepted.

**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 dats of leaving office or employment. Howeve, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the fil r of filing a CE Form 1 if he or she was in the position on December 31, 2012.

## CE FORM 1 - Effective: January 1, 2013. Refer to Rule 34-8.202 (1), F.A.C.

page 3.

Fort Myery, FL. 33901 1233 WILEY M. PANKER COCONUT DRIVE SUPERVISOR OF ELECTIONS PC BOX 2545 EE COUNTY 22 INCRUZING TIL FT MYERS FL 330 2MONET. H033