| FORM 1 | STATEM | ENT OF | COP | 2012 | | | |
|--|---|--|-------------------|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position be | FINANCIAL | | | OFFICE USE ONLY: | | | |
| LAST NAME - FIRST NAME - MIDE PARSONS, LORI PAI | DLE NAME : | | | COFFICE USE ONLY: | | | |
| MAILING ADDRESS 20580 TANGLEWOOI | D LANE | | | | | | |
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| | ZIP: COUNTY 33928 LEE | | $\langle \rangle$ | 13AUG()1AM()941 SUE LEE () | | | |
| | NERAL PENSION BOAR | D | V | MO541 | | | |
| NAME OF OFFICE OR POSITION HI BOARD OF TRUSTEE | | | | | | | |
| You are not limited to the space on the I CHECK ONLY IF [] CANDIDATE | ines on this form. Attach additional sheets, OR 🛛 NEW EMPLOYEE OR AS | | | LEE ()) | | | |
| EITHER (must check one): DECEMBER 31, 20 MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILEF REQUIRES FEWER CALCULATION (see instructions for further details). | ORTABLE INTERESTS: RS THE OPTION OF USING REPORT S. OR USING COMPARATIVE THRE CHECK THE ONE YOU ARE USING: | TAX YEAR IF OTHER THAI ING THRESHOLDS THAT A SHOLDS, WHICH ARE USU | I THE CALENDAI | OLLAR VALUES, WHICH PERCENTAGE VALUES | | | |
| | NCOME [Major sources of income to th port, you must write "none" or "n/a") | e reporting person - See instri | ictions] | | | | |
| NAME OF SOURCE | | | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | |
| CITY OF NAPLES - EM | PLOYER 735 8TH ST. S, N | APLES, FL 34102 | GOVERN | MENT | | | |
| | | | <u></u> | | | | |
| | | | | | | | |
| (If you have nothing to re NAME OF | and other sources of income to business aport, write "none" or "n/a") NAME OF MAJOR SOURCES | ADDRESS | Į | PRINCIPAL BUSINESS | | | |
| BUSINESS ENTITY N/A | OF BUSINESS' INCOME | OF SOURCE | | ACTIVITY OF SOURCE | | | |
| | | ······ | | | | | |
| | | | | | | | |
| PART C REAL PROPERTY [Land, (If you have nothing to re | buildings owned by the reporting person port, you must write "none" or "n/a") | - See instructions] | when and wi | RUCTIONS for here to file this ated at the bottom | | | |
| | ······································ | | of page 2. | aca at the pottom | | | |
| | | | | NS on who must and how to fill it page 3. | | | |

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|--|-------------|-----------------|--|--|--------|
| PART D — INTANGIBLE PERSONAL PR (If you have nothing to report | | | | | |
| | | | BUSINESS ENTITY TO WH | ICH THE PROPERTY RELATES | |
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| | | | | | |
| PART E - LIABILITIES [Major debts - So (If you have nothing to report | | "none" or "n/ | a ") | | |
| NAME OF CREDITOR | | | ADDRESS | OF CREDITOR | |
| SUNCOAST SCHOOLS FED CREDIT UNION TAMPA, FL | | | | | |
| | | | ···· | | |
| | | | ······································ | | |
| PART F — INTERESTS IN SPECIFIED BUS (If you have nothing to report, | | ione" or "n/a") | | | TY # 3 |
| NAME OF BUSINESS ENTITY | | | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | | f |
| POSITION HELD WITH ENTITY | | | <u> </u> | | |
| I OWN MORE THAN A 5% | | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | <u> </u> | | |
| IF ANY OF PARTS A THRO | UGH F ARE C | ONTINUED | ON A SEPARATE SHE | ET, PLEASE CHECK HER | |
| SIGNATURE (required) | , , L | | DATE SIG | NED (required): | |
| Rosi P. Parsons 5/29/13 | | | | | |
| FILING INSTRUCTIONS: | | | | | |
| WHAT TO FILE: | WHE | RE TO F | LE: | WHEN TO FILE: | |
| After completing all parts of this | | | e form by the Commission ty Supervisor of Elections | Initially, each local offi state officer, and specified s | |

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

only the first sheet (pages 1 and 2) for filing.

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/employee, state officer, and specified state employee 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 to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office 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 d ys of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the ter of filing a CE Form 1 if he or she was in their nosition on December 31, 2012

| | STATEN/ | TALC | tC | MED 20 | 12 | | |
|---|--|--------------------------------|--|---|--------------------------|--|--|
| FORM 1 | STATEM | | N | NED 20 | | | |
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | , INTEREST | S | FOR OFFICE USE | ONLY: | | |
| LAST | | | ş " | | | | |
| MAILIN | | | 44 | RECEIVED | | | |
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| Board of Trustees | . . | | | | LEO01 | | |
| Naples Retirement S 735 8th St S | Systems | | | | 1 Million | | |
| NAME Naples FL 34102 | | | | | ¥1 0 | | |
| You are not limited to the space on the lines | on this form Attach additional sheets | if accessary | | | 13AUG01AM0941 SCE LEE CO | | |
| CHECK ONLY IF C CANDIDATE O | | | | | E C | | |
| | PARTS OF THIS SECT | ION MUST BE COM | NPLET | ED **** | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F | | | | | | | |
| YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one): | E STATE BELOW WHETHER TH | IS STATEMENT IS FOR TH | IE PRECE | DING TAX YEAR ENDIN | G | | |
| DECEMBER 31, 2012 | DECEMBER 31, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: | | | | | | |
| MANNER OF CALCULATING REPORT, THE LEGISLATURE ALLOWS FILERS T | HE OPTION OF USING REPORT | | | | | | |
| REQUIRES FEWER CALCULATIONS, C (see instructions for further details). CHE | | | UALLY BA | ASED ON PERCENTAGE | VALUES | | |
| | | | | THRESHOLDS | | | |
| PART A PRIMARY SOURCES OF INCO (If you have nothing to report | DME [Major sources of income to th t, you must write "none" or "n/a") | e reporting person - See instr | ructions] | | | | |
| NAME OF SOURCE OF INCOME | SOUF | RCE'S RESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | |
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| PART B SECONDARY SOURCES OF | | | | | | | |
| [Major customers, clients, and (If you have nothing to report | other sources of income to business t, write "none" or "n/a") | es owned by the reporting pe | erson - See | e instructions] | | | |
| | AME OF MAJOR SOURCES | ADDRESS | | PRINCIPAL BUSH | | | |
| BUSINESS ENTITY | OF BUSINESS' INCOME | OF SOURCE | | ACTIVITY OF SO | | | |
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| PART C REAL PROPERTY [Land, build (If you have nothing to report. | lings owned by the reporting person you must write "none" or "n/a") | - See instructions] | FILIN | G INSTRUCTIONS fo | r | | |
| (| you must write note of mail | | | and where to file th are located at the bo | | | |
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| and the second sec | the state of the | ks, bonds, certificates of deposit, etc See isstructions SIGNED | | | | |
|--|---|---|---|---|---|--|
| PART D INTANGIBLE PERSONAL I (If you have nothing to rep | PROPERTY [Stocks, b port, you must write ' | onds, certificat none" or "n/a | es of deposit, etc See i str ") | C slenotry | IGNED | |
| | | | BUSINESS ENTITY TO W | HICH THE PROP | PERTY RELATES | |
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| PART E LIABILITIES [Major debts - (If you have nothing to rep | • | none" or "n/a' | ') | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
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| | | | | | | |
| PART F INTERESTS IN SPECIFIED B (If you have nothing to repo | | ne" or "n/a") | BUSINESS ENTITY | | BUSINESS ENTITY # 3 | |
| NAME OF BUSINESS ENTITY | | | | | | |
| ADDRESS OF BUSINESS ENTITY | ····· | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | | | |
| POSITION HELD WITH ENTITY | | | | | | |
| I OWN MORE THAN A 5% | | | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | | | | |
| IF ANY OF PARTS A THE | OUGH F ARE CO | NTINUED | ON A SEPARATE SHE | ET, PLEASE | | |
| SIGNATURE (required | D: | | DATE SIG | NED (red | <u>quired):</u> | |
| | | | | | | |
| | FILIN | G INS | TRUCTIONS | • | | |
| WHAT TO FILE: | WHERE TO FILE: | | — | | | |
| After completing all parts of th including signing and dating it, so only the first sheet (nages 1 and 2) | end back on Ethic | s or a Count | form by the Commission y Supervisor of Elections closure filing, return the | <i>Initially</i> , e state officer, must file w | each local officer/employe and specified state employe <i>ithin 30 days</i> of the date | |

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:

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his or her appointment or of the beginning of employment. Appointees who must I confirmed by the Senate must file prior confirmation, even if that is less than days from the date of their appointme

Candidates for publicly-elected local offi must file at the same time they file th qualifying papers.

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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 da √s of leaving office or employment. However filing a ČE Form 1F (Final Statement of Financial Interests) does not relieve the per of filing a CE Form 1 if he or she was in their position on December 31, 2012.



JENNIFER J. EDWARDS SUPERVISOR OF ELECTIONS

TO:All Local OfficersFROM:Darlene Lowe, Financial Disclosure CoordinatorDATE:May 31, 2013SUBJECT:Financial Disclosure (Form 1, Statement of Financial Interests—2012)

Enclosed is a Form 1, Statement of Financial Interests, to complete and return in order to satisfy your obligation to file financial disclosure for the past year. The mailing label on the form lists the public position that requires you to file.

Persons serving as of <u>December 31, 2012</u> (along with those officials elected in 2012 whose terms began in 2013) are required to file this year.

Even if you left the position noted on the mailing label during 2013, you are required to file disclosure for the year 2012 on this form. (Note that if you left your position during 2013, you also may be required to file a Form 1F covering a portion of the year 2013—see the instructions on Form 1, page 2.)

WHEN TO FILE: On or before Monday, July 1, 2013

WHERE TO FILE: Please return the completed form, including signature and date (on Page 2), to:

Jennifer J. Edwards Supervisor of Elections Rev Dr. Martin Luther King Jr. Bldg 3295 Tamiami Trl E Naples FL 34112 239-252-8450

PLEASE DO NOT FILE THE FORM WITH THE FLORIDA COMMISSION ON ETHICS IN TALLAHASSEE.

QUESTIONS?

HOW DO I COMPLETE THE FORM? Instructions for completing this form are attached at pages 3-6 of Form 1. Any questions regarding the instructions on the form should be directed to the office of the Florida Commission on Ethics at (850) 488-7864.

WHY DID I RECEIVE THIS FORM? If you think you have received this form in error, please contact the financial disclosure coordinator for your agency, who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Commission on Ethics to remove your name from the list. To find your agency's coordinator and how to contact that person, either contact our office or see the list that is posted on the Ethics Commission's website at www.ethics.state.fl.us.

PLEASE NOTE:

Persons who fail to file the annual disclosure form by September 3rd 2013 are subject to <u>automatic</u> fines of \$25 for each late day.

The Florida Commission on Ethics prepares the lists of persons required to file financial disclosure. The Commission obtains the names and addresses from coordinators for each local government agency. The role of our office is to receive the forms and remind individuals of deadlines.

Thank you for your cooperation. Enclosure



