FORM 1	STATEM	STATEMENT OF				
Please print or type your name, mailing address, agency name, and position bel	w. FINANCIAI	L INTERESTS				
Paterson, K	ebecca Sea	FOR OIL USE OF				
MAILING ADDRESS: P.O. Box 30	, 25			<u>청</u>		
,			I ID C	Code S		
Boza Grand	zip: county: 2 3392/ L	EE	IDN	N200#1206 SDE		
Boca Gran	nde Historic	Board	Con	Code E		
NAME OF OFFICE OR POSITION HI	ELD OR SOUGHT :		l _{P.R}	ed Gode B		
You are not limited to the space on the l	ines on this form. Attach additional sheet	s, if necessary.		_		
CHECK ONLY IF	OR NEW EMPLOYEE OR A	PPOINTEE				
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 201	LOW WHETHER THIS STATEMENT IS	RECEDING TAX YEAR, WHETH	IER BASI EAR ENI	ED ON A CALENDAR YEAR OR ON DING EITHER (must check one):		
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	TABLE INTERESTS: S THE OPTION OF USING REPOR , OR USING COMPARATIVE THRESI	TING THRESHOLDS THAT A HOLDS, WHICH ARE USUALL	RE ABSO Y BASEI	OLUTE DOLLAR VALUES, WHICH O ON PERCENTAGE VALUES (see		
COMPARATIVE (PERCENTAG				RESHOLDS		
PART A PRIMARY SOURCES OF i	NCOME [Major sources of income to t port, you must write "none" or "n/a"	he reporting person - See instru)	ctions p.	4]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
The Seale Family, The P.O. Box 1446, Boza			Re	al Estate Brokusgo		
PART B SECONDARY SOURCES						
(if you have nothing to re	and other sources of income to busines port, you must write "none" or "n/a	ses owned by the reporting pers ")	son - See	instructions p. 4]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
none						
· <u>-</u> .						
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")	n - See instructions p. 4]	when	IG INSTRUCTIONS for and where to file this form		
430 E. Railro	ande 50%		cated at the bottom of page 2.			
15/0 E Karlro	id/tre, Bozali	and (50%)	file thi	RUCTIONS on who must s form and how to fill it out on page 3.		
				ER FORMS you may need are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIB	<u>LE</u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDIT	OR	ADDRESS OF CREDITOR				
Indy Mac Bank x2 6900 Beatians, Kalamazoo, HI 490			HI 49009			
6MAC	Box 780	Box 780, Water/op. IA 50704				
		<i>—</i>	/			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 , BUSINESS ENTITY # 2 . BUSINESS ENTITY # 3						
NAME OF BUSINESS ENTITY	none-		ស្ត			
ADDRESS OF BUSINESS ENTITY			E			
PRINCIPAL BUSINESS ACTIVITY			N20m1206			
POSITION HELD WITH ENTITY			206			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			9			
NATURE OF MY OWNERSHIP INTEREST			æ			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required):						
Return Seale Paterson June 19,2012						

WHAT 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.

FILING INSTRUCTIONS:

WHERE TO FILE:

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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on

Facsimiles will not be accepted.

WHEN TO FILE:

initially, each local officer/employee, sta officer, and specified state employee mi file within 30 days of the date of his or h appointment or of the beginning of employme Appointees who must be confirmed by the Sena must file prior to confirmation, even if that is le than 30 days from the date of their appointme

Candidates for publicly-elected local office me file at the same time they file their qualify

Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment. However, fill a CE Form 1F (Final Statement of Finance Interests) does not relieve the filer of filing CE Form 1 if he or she was in their position December 31, 2011.

PART D INTANGIBLE PERSONA (If you have nothing to	L PROPERTY [Stoc report, you must w	ks, bonds, certific rite "none" or "r	cates of deposit, etc See instructions	p. 5]	
TYPE OF INTANGIBL	E		BUSINESS ENTITY TO WHICH TH	IE PROPERTY RELATES	
	<u> </u>				
	•		·		
PART E — LIABILITIES [Major deb (If you have nothing to	ts - See instructions report, you must w	p. 5] rite "none" or "r	n/a")		
NAME OF CREDITOR		ADDRESS OF CREDITOR			
Indy Mac Bar	ok x2	6900 Be	aticeDs Kalamozo	0 HI 49009	
GMAC		Box 780	Waterloo, IA	50704	
	···			<i>,</i>	
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NAME OF BUSINESS ENTITY	none			12.	
ADDRESS OF BUSINESS ENTITY	•			No.	
PRINCIPAL BUSINESS ACTIVITY				9PH1	
POSITION HELD WITH ENTITY	· • • • • • • • • • • • • • • • • • • •			Э н 1206	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				<u>8</u>	
NATURE OF MY OWNERSHIP INTEREST	, , , , , , , , , , , , , , , , , , ,			EE C	
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): DATE SIGNED (required):					
Reticca Seale Paterson June 19,2012					
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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 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, 2011.

12JUN20PM1206 SOE LEE CO F1



Ms. Rebecca Paterson PO Box 325 Boca Grande; FL 33921-0325

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

