FORM 1 F

# FINAL STATEMENT OF FINANCIAL INTERESTS

2013

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)									
LAST NAME — FIRST NAME — MID	NAME OF REPORTING	NAME OF REPORTING PERSON'S AGENCY:							
Percuoco, Francis		Parklands Lee Comn	Parklands Lee Community Development District હ્યું						
MAILING ADDRESS:		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3)							
14043 Tivoli Terrace									
Bonita Springs 34135	SPECIFIED	Parklands Lee Community Development District  CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3" LOCAL OFFICER STATE OFFICER  SPECIFIED STATE EMPLOYEE  LIST OFFICE OR POSITION HELD:  Supervisor							
CITY: ZIP:	LEE COUNTY:		LIST OFFICE OR POSITION HELD:						
		Supervisor	Supervisor						
	***ROTH PARTS OF THIS S	ECTION MILIST RE COMPI	ETEN***	<b>့</b>					
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED***									
		i, 2013 AND	THE LAST DATE I HELD THE PUBLIC						
OFFICE OR EMPLOYMENT DESCRI	IBED ABOVE, WHICH DATE WAS _	January 10,	, 20	013. (Date must be prior to 12/31/13)					
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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):									
_	CENTAGE) THRESHOLDS	_	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 DESCRIPTION OF THE SOURCE'S									
OF INCOME	DDRESS								
G T Reilly & Co	424 Adam	ns St., Milton,MA	., Milton,MA Accounting Firm						
				<u></u>					
PART B SECONDARY SOURCES OF INCOME  [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions]  (If you have nothing to report, you must write "none" or "n/a")  NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS  BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE									
Social Security Administration	SSA			Govt.					
Journal of the state of the sta	37.5			GOVI.					
PART C REAL PROPERTY [La (If you have nothing to r	and v	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.							
None				RUCTIONS on who must file form and how to fill it out on page 3 of this packet.					

PART D — INTANGIBLE PEI (If you have nothin	RSONAL PROPERTY [	Stocks, bonds ite "none" or	certificates of deposit, etc See in	structions]			
TYPE OF INTANGIBLE			BUSINESS ENTITY TO WHICH	THE PROPERTY RELATES	<del></del>		
None				·			
					jb		
PART E — LIABILITIES [Maj	or debts - See instructions g to report, you must wri		"n/a")		308 6860mG		
NAME OF CREDITOR		ADDRESS OF CREDITOR			<del></del>		
None					<del></del>		
		···			'AA 		
			<del></del>	<del></del>			
	PECIFIED BUSINESSES I to report, you must writ		or positions in certain types of bus	nesses - See instructions]			
	BUSINESS ENTIT		BUSINESS ENTITY # 2	BUSINESS ENT	ITY #3		
NAME OF BUSINESS ENTITY	None						
ADDRESS OF BUSINESS ENTITY					<del></del>		
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	A THROUGH F ARE	CONTINUE	D ON A SEPARATE SHEET	, PLEASE CHECK HERE	<b>=</b>		
SIGNATURE: DATE SIGNED: 5/28/13							
FILING INSTRUCTIONS:							

### WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

### WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

## WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

# NOTE:

if you are leaving office or employment during the first half of 2013, you may not have filed Form 1 for 2012. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2012 by July 1, 2013, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

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

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