FORM 1	STATEM	ENT OF	2012					
Please print or type your name, mailing address, agency name, and position below		INTERESTS	FOR OFFICE USE ONLY:					
LAST NAME FIRST NAME MIDDL Petra - Matthew MAILING ADDRESS :	_							
6100 Jonathans	Bay Gircle, F	<i>‡102</i>	/ §					
FT. Myers 3	3908 Lee		39UG3OW1020 SDE					
Lee County NAME OF AGENCY:								
	latory Oversight							
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	or this form. Attach additional sheets,	· · · · · · · · · · · · · · · · · · ·	nd Delivered					
**** 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 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:								
			VALUE THRESHOLDS					
	NCOME [Major sources of income to the cort, you must write "none" or "n/a")	e reporting person - See instru	ictions]					
NAME OF SOURCE OF INCOME	SOUR ADDF	RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Broad (Cassel	390 N. Orange 1		Low F.rm - Logal					
	Orlando, FL	32,801	Services					
	OF INCOME and other sources of income to business port, write "none" or "n/a")	es owned by the reporting per	son - See instructions]					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
none								
+								
PART C REAL PROPERTY [Land, b (If you have nothing to rep	buildings owned by the reporting person port, you must write "none" or "n/a")	- See instructions]	• FILING INSTRUCTIONS for when and where to file this					
Non	······································	4	form are located at the bottom of page 2.					
		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.						
	k							

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PART D - INTANGIBLE PERSON				ctions]			
(If you have nothing to report, you must w		st write "none" or "n	Write "none" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
TYPE OF INTANGIBLE			BUSINESS ENTITI TO WHI		RELATES		
NONE	<u> </u>						
				<u> </u>			
PART E LIABILITIES [Major de	hts - See instruct	ions]	·····				
(If you have nothing to			n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
how					-		
			· · · · · · · · · · · · · · · · · · ·				
PART F — INTERESTS IN SPECIFII	ED BUSINESSES	Ownership or positi	ons in certain types of businesses	s - See instructions]			
(If you have nothing to I			") BUSINESS ENTITY #	2 816	SINESS ENTITY # 3		
	BUSINESS ENTITY # 1		L SAL				
	none	···		N	→		
ADDRESS OF BUSINESS ENTITY		<u> </u>	·				
PRINCIPAL BUSINESS ACTIVITY		. <u></u>			<u> </u>		
POSITION HELD WITH ENTITY					8 		
I OWN MORE THAN A 5%							
NATURE OF MY OWNERSHIP INTEREST					· · · · · · · · · · · · · · · · · · ·		
IF ANY OF PARTS A	THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CH			
SIGNATURE (requi	<u>red):</u>		DATE SIG	NED (requi	<u>red):</u>		
/1/102 -			08/17	7/2013	•		
					·		
	<u>F</u>		STRUCTIONS				
WHAT TO FILE:	6 H 1 6-	WHERE TO		WHEN TO F			
After completing all parts of this form, including signing and dating it, send back		If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections		<b>Initially</b> , each local officer/employee, state officer, and specified state employee must file within 30 days of the date of			
only the first sheet (pages 1 and 2) for filing.		for your annual disclosure filing, return the form to that location.		his or her appoin	tment or of the beginning		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).		Local officers/e Supervisor of El	employees file with the lections of the county in	confirmed by the	Appointees who must be Senate must file prior to		
		which they permanently reside in Florida, file with the					
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.		Supervisor of the county where your agency has its headquarters.) <b>Candidates</b> for publicly-elected local of must file at the same time they file					
		State officers or specified state employees qualifying papers.					
		file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709. Canadidates file this form together with their are required to file by July 1st follow					
		Candidates file this form together with their qualifying papers.		each calendar ye	ar in which they hold their		
		To determine what category your position falls		positions. <i>Finally</i> , at the en	d of office or employment,		
		under, see the "Who Must File" Instructions on page 3.		each local officer/employee, state officer, and specified state employee is required to file a			

Facsimiles will not be accepted.

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 filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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CE FORM 1 - Effective: January 1, 2013. Refer to Rule 34-8,202 (1), F.A.C.

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