FORM 1	STATEM	ENT OF		2012
Please print or type your name, mailing address, agency name, and position below:		INTERESTS	<u> </u>	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE PIGOTT TAM MAILING ADDRESS :	NAME: ARA WEUS	ha	ind	delivered
1318 DONNA	DRIVE			
			1	
FORT MYERS	ZIP: COUNTY: <u>33919</u>	LEE		13JUN27PM0215
NAME OF OFFICE OR POSITION HELD	PLOYEE, DIRECTOR, V ALADVISORY COUNT OR SOUGHT:	ISITOR & CONV. BUI CIL - MEALBER	reay	V A
SEE ABOVE You are not limited to the space on the line:	4-:- form Attach additional sheets	14		
		•		۵ ۲۱
**** BOTH DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one): DECEMBER 31, 2012	SE STATE BELOW WHETHER THI	PRECEDING TAX YEAR, V	VHETHEF E PRECEI	R BASED ON A CALENDAR DING TAX YEAR ENDING
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). CH	TABLE INTERESTS: THE OPTION OF USING REPORT OR USING COMPARATIVE THRE ECK THE ONE YOU ARE USING:	TING THRESHOLDS THAT A SHOLDS, WHICH ARE USU	RE ABSO JALLY BA	DLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES
·····				THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to th ort, you must write "none" or "n/a")		uctions]	
		RCE'S		SCRIPTION OF THE SOURCE'S
OF INCOME LEE COUNTY BOCK		FTAYERS FL 339		INCIPAL BUSINESS ACTIVITY COUNTY GOVERNMEN
		E INTALKS'IN SO		Cantry Country
		· · · · · · · · · · · · · · · · · · ·		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to business	ses owned by the reporting per	rson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		
NONE				
PART C REAL PROPERTY [Land, bu (If you have nothing to report	ildings owned by the reporting person rt, you must write "none" or "n/a")	- See instructions]		G INSTRUCTIONS for and where to file this
NONE			form a	are located at the bottom
			of pag	-
			file th	RUCTIONS on who must is form and how to fill it
			out be	egin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBLE		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
457 Deferred Compensatio		tion IC	MA Retiremen	ot Coro		
Services / CD.		S	Suncoast Schools Federal Credit Union			
ETE		P	PARK AVENUE SECURITIES			
PART E - LIABILITIES [Major de	bts - See instructio		INCE WE U			
(If you have nothing to			n/a")			
NAME OF CREDITOR			ADDRESS OF CREDITOR			
None						
				Na		
PART F — INTERESTS IN SPECIFI	ED BUSINESSES	Ownership or posit	tions in certain types of businesse		_	
(If you have nothing to	report, you must w					
	· · · · · · · · · · · · · · · · · · ·			#2 BUSINESS ENTITY # 3	_	
ADDRESS OF BUSINESS ENTITY		·		<u></u>	_	
PRINCIPAL BUSINESS ACTIVITY					_	
POSITION HELD WITH ENTITY				<u>_</u>		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				· · · · · · · · · · · · · · · · · · ·		
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A	THROUGH F A		D ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required): DATE SIGNED (required):						
lamara Piget 06/26/2013						
	<u> </u>	LING IN	<b>STRUCTIONS</b>	÷		
WHAT TO FILE:		WHERE TO		WHEN TO FILE:		
After completing all parts o including signing and dating	it. send back	If you were mailed the form by the Commission Ir on Ethics or a County Supervisor of Elections si		Initially, each local officer/emplo state officer, and specified state emp	loyee	
only the first sheet (pages 1 and 2) for filing. for		for your annual disclosure filing, return the r		must file within 30 days of the da his or her appointment or of the begi	te of nni a	
If you have nothing to report i		Local officers/e	employees file with the	of employment. Appointees who must confirmed by the Senate must file pri	st e	
section(s). wh		which they permanently reside. (If you do not do		confirmation, even if that is less that days from the date of their appointi	n 10	
NOTE: SI		permanently reside in Florida, file with the Supervisor of the county where your agency		days from the date of their appoint		
		Supervisor of the	county where your agency	Candidates for publicly-elected local		
MULTIPLE FILING UNNECESS Generally, a person who has	SARY:	Supervisor of the has its headquarte	county where your agency ers.)	<b>Candidates</b> for publicly-elected local must file at the same time they file qualifying papers.		
Generally, a person who has for a calendar or fiscal year is	SARY: filed Form 1 not required	Supervisor of the has its headquarte <b>State officers or</b> file with the Co	county where your agency ers.) specified state employees mmission on Ethics, P.O.	must file at the same time they file qualifying papers. Thereafter, local officers/employees,	their state	
Generally, a person who has for a calendar or fiscal year is to file a second Form 1 for the However, a candidate who pro	SARY: filed Form 1 not required e same year. eviously filed	Supervisor of the has its headquarte <b>State officers or</b> file with the Co Drawer 15709. Ta	county where your agency ers.) <b>specified state employees</b> mmission on Ethics, P.O. Ilahassee, FL 32317-5709.	must file at the same time they file qualifying papers. <b>Thereafter</b> , local officers/employees, officers, and specified state emplo are required to file by July 1st folk	their state oyees owing	
Generally, a person who has for a calendar or fiscal year is to file a second Form 1 for the However, a candidate who pre Form 1 because of another pu must at least file a copy of his c	SARY: filed Form 1 not required same year. eviously filed ublic position or her original	Supervisor of the has its headquarte State officers or file with the Co Drawer 15709. Ta Candidates file th qualifying papers.	county where your agency ers.) <b>specified state employees</b> mmission on Ethics, P.O. Ilahassee, FL 32317-5709. his form together with their	must file at the same time they file qualifying papers. <b>Thereafter</b> , local officers/employees, officers, and specified state employees	their state oyees owing	
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Generally, a person who has for a calendar or fiscal year is to file a second Form 1 for the However, a candidate who pre Form 1 because of another pu must at least file a copy of his c	SARY: filed Form 1 not required e same year. eviously filed ublic position or her original	Supervisor of the has its headquarte <b>State officers or</b> 3 file with the Co Drawer 15709. Ta <b>Candidates</b> file the qualifying papers. To determine wha under, see the "Wi page 3.	county where your agency ers.) <b>specified state employees</b> mmission on Ethics, P.O. Ilahassee, FL 32317-5709. his form together with their at category your position falls ho Must File" Instructions on	must file at the same time they file qualifying papers. <b>Thereafter</b> , local officers/employees, officers, and specified state employ are required to file by July 1st folk each calendar year in which they hold positions. <b>Finally</b> , at the end of office or employ each local officer/employee, state officer specified state employee is required to final disclosure form (Form 1F) within 60	their state oyees owing their ment, , and file a days vev r, nt of e fier	

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