| FORM 1 | STATEM | ENT OF | | 2012 | |
|--|---|---|---|--|--|
| Please print or type your name, mailing address, agency name, and position bei | FINANCIAL | INTERESTS | | FOR OFFICE USE ONLY: | |
| LAST NAME FIRST NAME MIDD Pringle, Richard W. | | | | | |
| MAILING ADDRESS : P.O. Box 1545 | | | | ្ត ស | |
| | | | | ONE C | |
| CITY: Fort Myers, FL | ZIP: COUNTY: 33902-1545 Lee | | | 13JANO7AMOSE6 SOE LEE CO F | |
| NAME OF AGENCY : Glades County, Florida | | | | | |
| NAME OF OFFICE OR POSITION HE County Attorney | ELD OR SOUGHT : | | |)#(| |
| You are not limited to the space on the I CHECK ONLY IF CANDIDATE | nes on this form. Attach additional sheets, OR NEW EMPLOYEE OR AF | | |) H | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one): DECEMBER 31, 20 MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER 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: | PRECEDING TAX YEAR, WIS STATEMENT IS FOR THE TAX YEAR IF OTHER THAN TING THRESHOLDS THAT A SHOLDS, WHICH ARE USU | HETHER PRECEI THE CA RE ABSO | R BASED ON A CALENDAR DING TAX YEAR ENDING LENDAR YEAR: LUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES | |
| | ERCENTAGE) THRESHOLDS ONCOME [Major sources of income to the | | | THRESHOLDS | |
| | port, you must write "none" or "n/a") | e reporting person - See instru | ctions | | |
| NAME OF SOURCE OF INCOME | E . | RCE'S RESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| Richard W. Pringle, P.A. | | Nyers, FL 33902-1545 | Law Firm | | |
| Estate of Michael M. Strayh | lichael M. Strayhorn P.O. Box 1545, Fort Myers, FL 33902- | | | Personal Representative | |
| | | | | | |
| PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to n | OF INCOME and other sources of income to business eport, write "none" or "n/a") | ses 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 | | <u> </u> | | | |
| | | | | | |
| PART C REAL PROPERTY [Land, (If you have nothing to re | buildings owned by the reporting persor port, you must write "none" or "n/a") | ı - See instructions] | FILING INSTRUCTIONS for | | |
| 12410 River Road, Fort Myers, | | when and where to file this form are located at the bottom | | | |
| 1/3 interest in 320 acres in Spe | ncer, TN | | of pag | | |
| | | | INSTRUCTIONS on who must file this form and how to fill it out begin 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 | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | | |
| Stock | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PART E — LIABILITIES [Major de (If you have nothing to | o report, you must wi | | | | T3JANOPMOB26 | | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | <u> </u> | | | | |
| Farm Credit Services of Mid-America | | 1508 Smithville Hwy., P.O. Box 445, McMinnville, TN 37110-0445 | | | <u>₹</u> | | | | |
| | İ | | | | 8 | | | | |
| | | | | | H | | | | |
| PART F — INTERESTS IN SPECIFIC (If you have nothing to | report, you must write | | ons in certain types of businesses - See ii ") . BUSINESS ENTIT (#2 | nstructions] BUSINESS ENTITY # 3 | -Œ@F | | | | |
| NAME OF BUSINESS ENTITY | Richard W. Pringle, P.A. | | | | | | | | |
| | | | | | | | | | |
| ADDRESS OF BUSINESS ENTITY | 2125 First Street, Suite 200 | | | | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | Fort Myers, FL 33901 | | | | | | | | |
| POSITION HELD WITH ENTITY | Law Firm | | | | | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | 100% Owner | | | | | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | | | | | | | |
| IF ANY OF PARTS A | THROUGH F ARE | E-CONTINUE | D ON A SEPARATE SHEET, PL | EASE CHECK HERE | | | | | |
| SIGNATURE (required): DATE SIGNED (required): | | | | | | | | | |
| Salland | 11/1 | - 10 | January | 3 20/3 | | | | | |

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.

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.

NG INSTRUCT

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.

WHEN TO FILE:

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 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.

Fort Myers, FL 33902 Lee County Supervisor of Elections P.O. Box 2545

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