STATEMENT OF

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FORM 1 FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below LAST NAME -- FIRST NAME -- MIDDLE NAME : Qualles THURELL JOSEPH MAILING ADDRESS cit unit 10380 Glastoubury COUNTY: ONDERD of Commenty Deve NAME OF OFFICE OR POSITION HELD OR SOUGHT Vice chair You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF () CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **** 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): **DECEMBER 31, 2012** 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: M **COMPARATIVE (PERCENTAGE) THRESHOLDS DOLLAR VALUE THRESHOLDS** <u>OR</u> 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 **ADDRESS** PRINCIPAL BUSINESS ACTIVITY SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] FILING INSTRUCTIONS for (If you have nothing to report, you must write "none" or "n/a") when and where to file this 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.

PART D — INTANGIBLE PERSON (If you have nothing to			ates of deposit, etc See instructions]	-		
TYPE OF INTANGIB	-	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NIA						
PART E — LIABILITIES [Major de (If you have nothing to			/a")			
NAME OF CREDIT	ror		ADDRESS OF CREDI	ITOR		
Central Mortgage Co.		801 10	hu Barrow suita	1 Little Rock AR 7220		
3-1						
PART F — INTERESTS IN SPECIFI	ED BUSINESSES	Ownership or position	ons in certain types of businesses - See instr	ructions		
(If you have nothing to	report, you must wi	vrite "none" or "n/a") SS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
	A./A	SS ENIIIT#1	BUSINESS EINITT # 2	BUSINESS ENTIT # 3		
NAME OF BUSINESS ENTITY	NA					
ADDRESS OF BUSINESS ENTITY	NA			3.U. 1277AMOS		
PRINCIPAL BUSINESS ACTIVITY	N/A_					
POSITION HELD WITH ENTITY	N/A_			9		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NIA					
NATURE OF MY OWNERSHIP INTEREST	NIA					
	THROUGH F A	RE CONTINUE	D ON A SEPARATE SHEET, PLEA			
SIGNATURE (requir		DATE SIGNED (required):				
Linavi Tay	Invalle T Carall					
June 24-2013						
FILING INSTRUCTIONS:						
WHAT TO FILE:		WHERE TO F		N TO FILE:		
After completing all parts c	After completing all parts of this form If you were mailed the form by the Commission <i>Initially</i> , each local officer/employe					

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.

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.

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.

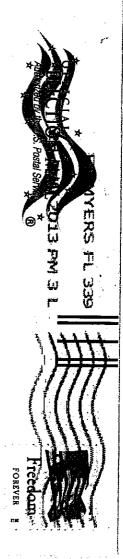
Initially, each local officer/employe state officer, and specified state employemust file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must a confirmed by the Senate must file prior confirmation, even if that is less than a days from the date of their appointments.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employes 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, a 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 file of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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



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