FORM 1 STATEMENT OF			2012		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	FOR OFF	ICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE REISS DALE MAILING ADDRESS: 589 KINZIE ISL	ANNE			SZAMET.	
SANIBEL POLICE NAME OF AGENCY: NAME OF OFFICE OR POSITION HEL	ZIP: COUNTY: PENSION BORRA	ON TRISTERS		13MAY25MM0502 SDE LEE CO F1	
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	or on this form. Attach additional sheets, OR NEW EMPLOYEE OR AF				
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEAEITHER (must check one): DECEMBER 31, 201 MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS (see instructions for further details). C COMPARATIVE (PE	ASE STATE BELOW WHETHER THIS TO BE SPECIFY THE OPTION OF USING REPORT OR USING COMPARATIVE THRE HECK THE ONE YOU ARE USING:	IS STATEMENT IS FOR THE F TAX YEAR IF OTHER THAN T ING THRESHOLDS THAT ARE SHOLDS, WHICH ARE USUAL	PRECEDING TAX YE THE CALENDAR YEA E ABSOLUTE DOLLA	AR ENDING AR: AR VALUES, WHICH CENTAGE VALUES	
PART A PRIMARY SOURCES OF IN	COME [Major sources of income to the ort, you must write "none" or "n/a")	e reporting person - See instruct	ions]	-	
NAME OF SOURCE SOURCE ADDRES		I	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
ERUSTA VOUNCE PER	BION ERNETA	U ERNET & YOUNTS		RETIRESPACTION	
		•			
(If you have nothing to rep	nd other sources of income to business port, write "none" or "n/a")			CIPAL BUSINESS	
NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME		ADDRESS OF SOURCE			
RETEMBANISON C	DIEDE CONSULTING SANBEL 10		O SIL	KIME	
5/BLE/MIKIN	DI POLITA	NYSE ED NKECD			
PART C REAL PROPERTY [Land, b (If you have nothing to rep	ouildings owned by the reporting person ort, you must write "none" or "n/a")	n - See instructions]	FILING INSTRUCTURE when and where form are located of page 2.	to file this at the bottom	
			file this form and	d how to fill it	

PART D — INTANGIBLE PERSONAI (If you have nothing to re	L PROPERTY [Stocks, bonds, certifice eport, you must write "none" or "n	cates of deposit, etc See instruction/a")	ns]			
TYPE OF INTANGIBLE	<u> </u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
5100K5/VABBOU	5 Fr DBC	Fr DELITY INVESTIBILITY				
BONDS	AR14	MIS ADVISORS				
PART E — LIABILITIES [Major debts (If you have nothing to re	s - See instructions] aport, you must write "none" or "n	/a")				
NAME OF CREDITOR	۲	ADDRESS OF CREDITOR				
NIA						
7//			¥			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY	WIA	NA	42/A E			
ADDRESS OF BUSINESS ENTITY			H			
PRINCIPAL BUSINESS ACTIVITY			Ť1			
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A TH	ROUGH F ARE CONTINUED	ON A SEPARATE SHEET,	PLEASE CHECK HERE			
SIGNATURE (required): DATE SIGNED (required):						
Nale June Puiso 5/25/13						
FILING INSTRUCTIONS:						

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.

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

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

Thereafter, local officers/employees, start officers, and specified state employees are required to file by July 1st following each calendar year in which they hold the positions.

Finally, at the end of office or employment each local officer/employee, state officer, are specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However filling a CE Form 1F (Final Statement Financial Interests) does not relieve the file of filing a CE Form 1 if he or she was in the position on December 31, 2012.

Dale Reiss 589 Kinzle Island Ct. Sanibel, FL 33957

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

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