STATEMEN FINANCIAL INTERES Please print or type your name, maining FOR OFFICE USE ONLY: address, agency name, and position below LAST NAME -- FIRST NAME -- MIDDLE NAME: NAME OF AGENCY : Abatement Carridade for Missince NAME OF OFFICE OR POSITION HELD OR SOUGHT: Abote ment You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. ■ NEW EMPLOYEE OR APPOINTEE CHECK ONLY IF CANDIDATE OR \*\*\*\* 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): Þ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: **DECEMBER 31, 2012** <u>OR</u> 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: JA. **DOLLAR VALUE THRESHOLDS COMPARATIVE (PERCENTAGE) THRESHOLDS** 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") DESCRIPTION OF THE SOURCE'S NAME OF SOURCE SOURCE'S PRINCIPAL BUSINESS ACTIVITY OF INCOME **ADDRESS** Foo M PART B -- 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 PRINCIPAL BUSINESS NAME OF MAJOR SOURCES **ADDRESS 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 ( Rendere of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

S. J. William C. C. Market	<u> </u>			
PART D INTANGIBLE BERSO	AL PROPERTY (Stocks, bo	onds, certificates of deposit, etc See instr none" or "n/a")	NSIGNED	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WI	ICT THE FROM R Y LOTE	
Mutual Funds		American Funds	HUILINIA	
	P* [ ]			
	Î <b>X</b>		O I II O II I X	
PART E — LIABILITIES [Major de (If you have nothing to	ebts - See instructions] o report, you must write "n	one" or "n/a")		
NAME OF CREDITOR		ADDRESS OF CREDITOR		
Sallie Mar 9	Student loon,	11600 Sallie	More of Reston UA 801	
My Breat Lake	es Studentia	on, Great cake, &	O Box 7860 Medicon	
		1N S 5370	1-7860	
PART F — INTERESTS IN SPECIFI	ED BUSINESSES [Ownersh report, you must write "nor	nip or positions in certain types of businesses	s - See instructions]	
	BUSINESS ENTIT	•	12 ၂ BUSINESS ENTITY #3 🛱	
NAME OF BUSINESS ENTITY	NIA			
ADDRESS OF BUSINESS ENTITY			<u> </u>	
PRINCIPAL BUSINESS ACTIVITY			Sam O13	
POSITION HELD WITH ENTITY			Ž.	
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NATURE OF MY OWNERSHIP INTEREST			S n	
IF ANY OF PARTS A	THROUGH F ARE CO	NTINUED ON A SEPARATE SHE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE (required): DATE SIGNED (required):				

# **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 filling, 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/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.

BANKER ATTORNEYS AT LAW LOPEZ

4315 Metro Parkway | Suite 550 | Fort Myers, FL 33916 GASSLER

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Fort Myers, FL 33902-2545 Lee County Elections Office PO Box 2545

