FORM 1	STATEM	ENT OF		2012				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:				
LAST NAME FIRST NAME MIDDLE MAILING ADDRESS:	name: chard Georg	25		/ h				
P 0 30× 10)			WITHUIL WITH				
NAME OF AGENCY:	ZIP: COUNTY: AE 33921 1	_23_		949 90				
NAME OF OFFICE OR POSITION HELD	or sought:	<u>~</u> 2√&	\	13JUNI119MO949 SUE LEE COF				
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE C	on this form. Attach additional sheets, DR							
**** 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 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:								
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). Character Particle (Report Court of C	THE OPTION OF USING REPORT OR USING COMPARATIVE THRE: IECK THE ONE YOU ARE USING:	SHOLDS, WHICH ARE USUA	LLY BA	SED ON PERCENTAGE VALUES				
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]								
(If you have nothing to repo	rt, you must write "none" or "n/a") SOUF			SCRIPTION OF THE SOURCE'S				
OF INCOME	ADDF			INCIPAL BUSINESS ACTIVITY				
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9.DF	Burstade	m, Willian hell						
J P Margan	NY. N	79						
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report to the control of	d other sources of income to business	es owned by the reporting person	on - See	instructions]				
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
Park Fandohn	· Direster's	FEE						
PART C REAL PROPERTY [Land, bu	- See instructions]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom						
Russ		of pa	_					
Broce Go LINUIL		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							
4 Interne	The state of the s						
		<i></i>	<u> </u>				
		. <u>.</u>					
PART E — LIABILITIES [Major de (If you have nothing t	ebts - See instructions] to report, you must wri	ite "none" or "n	/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
\sim / \sim / \sim							
1/0/1/5							
	, , , ,				Çü		
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	D14 WG	edic Tu	,		000		
ADDRESS OF BUSINESS ENTITY	Sandle	WA	-		Ī		
PRINCIPAL BUSINESS ACTIVITY	Tech.	76-1					
POSITION HELD WITH ENTITY	Divget	-01			'n		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	30%						
NATURE OF MY OWNERSHIP INTEREST	Verleva	Copy	el	·			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required):							
Chichel half \$/5/13							
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/employers state 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 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, as specified state employee is required to file 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 the position on December 31, 2012.

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

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