FORM 1	STATEMENT OF		11	2012		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS	FOR	OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE I RUKE CYN-Hia	name: Louise		_			
2468 Woodland	Blud			· 5		
Fort Myers	FL LEE			01AM1		
CITY: 0	ZIP: COUNTY:			JULO19M1059SDELEECOF		
NAME OF AGENCY:			1/			
NAME OF OFFICE OR POSITION HELD Historic Presentation You are not limited to the space on the lines	Commission City of F7 on this form. Attach additional sheets, If n	necessary.	V	ECAFI		
CHECK ONLY IF CANDIDATE O	PARTS OF THIS SECTION		DI ETEN ****	<u> </u>		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one): DECEMBER 31, 2012 MANNER OF CALCULATING REPORT, THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, C (see instructions for further details). CHE COMPARATIVE (PERC	OR SPECIFY TAX OR SPECIFY TAX ABLE INTERESTS: THE OPTION OF USING REPORTING OR USING COMPARATIVE THRESHO	STATEMENT IS FOR THE X YEAR IF OTHER THAN G THRESHOLDS THAT AR OLDS, WHICH ARE USUA	PRECEDING TAI THE CALENDAR RE ABSOLUTE DO	X YEAR ENDING R YEAR: OLLAR VALUES, WHICH PERCENTAGE VALUES		
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the re t, you must write "none" or "n/a")	eporting person - See instruc	ztions]			
NAME OF SOURCE OF INCOME	SOURCE ADDRES	_		N OF THE SOURCE'S BUSINESS ACTIVITY		
Many Sine Briney	2468 Woodland	Mvd	home hown	d Olderly lady		
			Requiring	live in Kalp		
(If you have nothing to report	other sources of income to businesses of	owned by the reporting pers		ns] PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE		
NA	- N/a	MA				
PART C REAL PROPERTY [Land, build (If you have nothing to report,	fings owned by the reporting person - So, you must write "none" or "n/a")	ee instructions]	when and wh form are loca of page 2.	RUCTIONS for sere to file this seted at the bottom NS on who must and how to fill it		

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you mu			tc See instru	uctions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
/10	140						
N/I)		NIH					
17/		/ • • • • • • • • • • • • • • • • • • 					
PART E — LIABILITIES [Major debts - See instruct		A 485					
(If you have nothing to report, you mu	ıst write "none" or n	Ja")	*****************	07 00EDIT		ŧ	
NAME OF CREDITOR			ADDRESS	OF CREDIT	UK		
H-N/A		NA	,				
		11/10	<u> </u>	<u> </u>			MH TO THE E
PART F INTERESTS IN SPECIFIED BUSINESSES	e IOwnership or position	one in certain type:	e of husinesse:	s - See instru	uctions] '	-	
(If you have nothing to report, you must	t write "none" or "n/a"	")				TOO ENTITY €	# 403371805650
	NESS ENTITY # 1	ROSING	ESS ENTITY#	12	BUOIN	ESS ENTITY #	*3 FF
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	$\overline{}$						
PRINCIPAL BUSINESS ACTIVITY	1		n			√	
POSITION HELD WITH ENTITY		1	P		-11	#	
I OWN MORE THAN A 5%		<u></u>	<u> </u>				
INTEREST IN THE BUSINESS NATURE OF MY							
OWNERSHIP INTEREST	CONTINUE	CN A SERA	CATE CUE	DI 54		······································	
IF ANY OF PARTS A THROUGH F SIGNATURE (required):	ARE CONTINUE						
		DATE SIGNED (required):					
Unithia House Ruke	<u> </u>		June	0710	(UI)		
$oldsymbol{ar{F}}$	ILING INS	STRUCT	TIONS	:			,
WHAT TO FILE:	WHERE TO F				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.	and dating it, send back on Ethics or a County Superv		risor of Elections state officer, and specified state employee filling, return the must file within 30 days of the date of his or her appointment or of the beginning				
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).	at Supervisor of Elections which they permanently re-		ions of the county in only reside. (If you do not		d by the Se tion, even i	opointees who enate must fi if that is less e of their ap	file prior to ss than 30
NOTE:	permanently reside in Florida, file with the Supervisor of the county where your agency			Candidates for publicly-elected local office			

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.

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.

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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Aut Tupo, Florida

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