FORM 1	STATEM	ENT OF		2012			
Please print or type your name, mailing address, agency name, and position be	WI FINANCIAL	INTERESTS	<u>ک</u>	FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDD SANDERS MAILING ADDRESS	John Blair	130029PM 334 SOF	E Lee (o	Fl			
10109 Ccloni	al CC Blud #2	<u>404</u>	Þ				
NAME OF AGENCY :	ZIP: COUNTY: 33913 Le	e e		V			
NAME OF OFFICE OR POSITION HI		B					
Member CITIZER You are not limited to the space on the I CHECK ONLY IF CANDIDATE	ines on this form. Attach additional sheets	PPOINTEE EL	ECT	TION CENTER			
**** 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): Q DECEMBER 31, 2012 QR 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:							
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 OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
NUNE							
				<u></u>			
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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NLA							
		· · · · · · · · · · · · · · · · · · ·					
PART C REAL PROPERTY [Land, (If you have nothing to re		when	G INSTRUCTIONS for and where to file this are located at the bottom ge 2.				
Split Ownership	al in (exi)	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.					

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PART D — INTANGIBLE PERSONAL (If you have nothing to re	PROPERTY [S)port, you mus	itocks, bonds, certific it write "none" or "i	cates of deposit, etc See instrin/a")	ructions]		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Stocks		IRA = 400K				
PART E — LIABILITIES [Major debts (If you have nothing to re	- See instruction port, you must	ns] t write "none" or "r	ı/a")			
NAME OF CREDITOR	<u>(</u>	ADDRESS OF CREDITOR				
- lawie			MANUAL VIE - MARLIN			
NUNC						
PART E — INTERESTS IN SPECIFIED	BUSINESSES	[Ownership or positiv	ons in certain types of businesse	es - See instructions]		
• • • • • • • • • • • • • • • • • • •		ESS ENTITY # 1 BUSINESS ENTITY # 2		#2 BUSINESS ENTITY #3		
NAME OF BUSINESS ENTITY		NA	NIA	NA		
ADDRESS OF BUSINESS ENTITY				······································		
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5%						
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A TH	ROUGH F A		D ON A SEPARATE SHE			
SIGNATURE (required): DATE SIGNED (required):						
John Blankuch 8/24/13						
	FIJ	LING INS	STRUCTIONS	•		
WHAT TO FILE:		WHERE TO F		WHEN 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 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.		<i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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).		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		of employment. Appointees who must b confirmed by the Senate must file prior t confirmation, even if that is less than 3 days from the date of their appointmen		
NOTE: MULTIPLE FILING UNNECESSAF	S	Supervisor of the county where your agency has its headquarters.)		Candidates for publicly-elected local offic must file at the same time they file the		
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required						
However, a candidate who previo Form 1 because of another public must at least file a copy of his or he	c position	Candidates file this form together with their are required to file by July		are required to file by July 1st followin each calendar year in which they hold the		
Form 1 when qualifying. To ur pa		To determine what category your position falls under, see the "Who Must File" Instructions on page 3.		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		
		<u>-acsimiles wil</u>	Il not be accepted.	filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> 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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