FORM 1	STATEM	ENT OF	2012		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	$\int$	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE N	IAME :		_		
MAILING ADDRESS:	1ES WILLIAM				
28648 Pienz	c. CT.				
7.00	<del>,                                    </del>			<u> </u>	
	ZIP: COUNTY:				
PEONITA SPRINGS					
NAME OF AGENCY :		Ŋ	13JUN13#10929 S0E LEE CO F		
VASARI CDD			Ţ		
NAME OF OFFICE OR POSITION HELD	oes)		<b>√</b>		
You are not limited to the space on the lines			<u> </u>		
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE OR AF	POINTEE		T	
**** BOTH	PARTS OF THIS SECT	ON MUST BE COMP	LET	ED ****	
DISCLOSURE PERIOD:					
THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS					
EITHER (must check one):	D opcorp/	TAN WEAR IS OTHER THAN 3	O	A FAIDAD VEAD.	
DECEMBER 31, 2012	<del></del>	TAX YEAR IF OTHER THAN T	HE C#	LENDAR YEAR:	
MANNER OF CALCULATING REPORTATIVE LEGISLATURE ALLOWS FILERS T	HE OPTION OF USING REPORT	ING THRESHOLDS THAT ARI	E ABSC	DLUTE DOLLAR VALUES, WHICH	
REQUIRES FEWER CALCULATIONS, C (see instructions for further details). CHE			LLY BA	SED ON PERCENTAGE VALUES	
` ′		_	ALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the you must write "none" or "n/a")	e reporting person - See instruct	ions]		
NAME OF SOURCE		RCE'S	DESCRIPTION OF THE SOURCE'S		
OF INCOME  → Λ		RESS	PRINCIPAL BUSINESS ACTIVITY  Y FINGRECIAL SUCS.		
IRA	BOSTON MASS				
Social Security			Gov't		
Jeda Sease F	MASHINSTO	$\lambda $		<del>50</del> 6 1-	
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repor	other sources of income to business	ses owned by the reporting person	on - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE			
NONE					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for		
		when and where to file this form are located at the bottom			
			of pa	ge 2.	
· · · · · · · · · · · · · · · · · · ·			RUCTIONS 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		rite "none" or ";	· <b>,</b>					
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
MUTUAL FUNDS	STOCES	Figelity						
MUTUR FUNDS NAMQUARD								
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")  NAME OF CREDITOR  ADDRESS OF CREDITOR								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
NA					Ŝ			
			· · · · · · · · · · · · · · · · · · ·		<del></del>			
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 # 3								
NAME OF BUSINESS ENTITY	NONE		MONE	NO	ي الم			
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY	<u> </u>							
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u>-</u>						
NATURE OF MY OWNERSHIP INTEREST		,						
	THROUGH F ARE	CONTINUE	D ON A SEPARATE SHE	ET. PLEASE CHI	ECK HERE			
SIGNATURE (requir				NED (reguir				
Janow Schult 6/8/13								
FILING INSTRUCTIONS:								
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:							
After completing all parts of including signing and dating i			the form by the Commission into Supervisor of Elections		local officer/employe			
including signing and dating it, send back on Ethics or a County Supervisor of Elections state officer, and specified state employees the first sheet (pages 1 and 2) for filing for your annual disclosure filing return the must file within 30 days of the date								

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.

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.

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 appointmen

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

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

Finally, at the end of office or employmen each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However filing 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.

\*13JUN13AM0929 SOE LEE CO FI

HANEN DEACH, N.J.

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

