## STATEMENT OF FORM 1 2012 FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below FOR OFFICE USE ONLY: LAST NAME -- FIRST NAME -- MIDDLE NAME : SEMMER JOANNE ELAINE MAILING ADDRESS: 13JUNO4BOSCASCELEE OF 792 Oak Street CITY: ZIP: COUNTY: 33931 Ft. Myers Beach Lee NAME OF AGENCY: San Carlos Island Lighting District NAME OF OFFICE OR POSITION HELD OR SOUGHT: Commissioner 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): $\mathbf{X}$ **DECEMBER 31, 2012** 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: COMPARATIVE (PERCENTAGE) THRESHOLDS **DOLLAR VALUE 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") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY Ostego Bay Environmental, Inc. 1130 Main St. Ft. Myers Beach Environmental Consulting 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 NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **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

**INSTRUCTIONS** on who must file this form and how to fill it

out begin on page 3.

of page 2.

792 Oak Street Fort Myers\_Beach, F1\_33931

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PART D — INTANGIBLE PERSON (If you have nothing to			cates of deposit, etc See instructions] n/a")	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
None				
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PART E — LIABILITIES [Major de (If you have nothing to			ala")	AAMOG224 EDITOR
NAME OF CREDITOR		ADDRESS OF CREDITOR 4		
Bank of America				Ä
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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				
	report, you must write	e "none" or "n/a'	")	-
	report, you must write BUSINESS	e "none" or "n/a' ENTITY # 1	") BUSINESS ENTITY # 2	-
(If you have nothing to	report, you must write BUSINESS	e "none" or "n/a ENTITY # 1 invironment	")	-
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(If you have nothing to  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  I OWN MORE THAN A 5% INTEREST IN THE BUSINESS  NATURE OF MY OWNERSHIP INTEREST	report, you must write BUSINESS  Ostego Bay E  1130 Main St Environmenta President 100%  Principal P1  THROUGH F AR	e "none" or "n/a" ENTITY # 1 Invironment FMB L Consulti	BUSINESS ENTITY#2  al Semmer Pest Control  1130 Main St FMB  ng Pest Control  President  100%  Rold Pest Control	BUSINESS ENTITY # 3

# 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/employe state officer, and specified state employe must file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior confirmation, even if that is less than 3 days from the date of their appointment.

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 employmer each local officer/employee, state officer, as 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.

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

