FORM 1	STATEM	IENT OF	2012				
Please print or type your name, mailing address, agency name, and position be	INANCIAI	INTERESTS	FOR OFFICE USE ONLY:				
LAST NAME - FIRST NAME - MIDE	Baren Lynn		1310				
MAILING ADDRESS: 3704 Broad Way #217			JUL JOHNO922 SDE				
	•		33260				
Ft. Myers	ZIP: COUNTY: 33901	lee					
Lee County BOC							
NAME OF OFFICE OR POSITION H							
You are not limited to the space on the CHECK ONLY IF CANDIDATE	lines on this form. Attach additional sheets OR INEW EMPLOYEE OR A	· · · · · · · · · · · · · · · · · · ·					
**** 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, 2	012 <u>OR</u> SPECIFY	TAX YEAR IF OTHER THAN T	HE CALENDAR YEAR:				
REQUIRES FEWER CALCULATION	RS THE OPTION OF USING REPOR NS, OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USUAL	ABSOLUTE DOLLAR VALUES, WHICH LY 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	ADD	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Lee County BOX	cc 2115 Secon	d Street	Government				
├							
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				
na	na	na	nta				
PART C REAL PROPERTY [Land, (If you have nothing to re							
			when and where to file this form are located at the bottom of page 2.				
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
Ma							

PART D — INTANGIBLE PERSONAL PROPEI (If you have nothing to report, you			uctions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
		10/0				
na		Ma				
PART E LIABILITIES [Major debts - See ins (If you have nothing to report, you		n/a")	<u> </u>	30AM0923SDE		
NAME OF CREDITOR	1	ADDRESS OF CREDITOR				
1						
na		M/C H				
		<u> </u>		8 T		
PART F — INTERESTS IN SPECIFIED BUSINES			s - See instructions]			
(If you have nothing to report, you r B	nust write "none" or "n/a USINESS ENTITY # 1	") BUSINESS ENTITY #	¢2 , Β	USINESS ENTITY # 3		
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY				1		
PRINCIPAL BUSINESS ACTIVITY	ala	10 0		na		
POSITION HELD WITH ENTITY	$\pi \infty$	- nic				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				· · · · · · · · · · · ·		
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUG	H F ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE C			
SIGNATURE (required): DATE SIGNED (required):						
Karen Stulle	M			7/27/13		
	FILING IN	STRUCTIONS	•			
WHAT TO FILE:	WHERE TO	FILE:	WHEN TO	FILE:		
After completing all parts of this form including signing and dating it, send ba	· · · · · · · · · · · · · · · · · · ·	If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections		Initially , each local officer/employed, state officer, and specified state employed		
only the first sheet (pages 1 and 2) for filin	a. for your annual	for your annual disclosure filing, return the form to that location.		must file within 30 days of the date his or her appointment or of the beginning		
If you have nothing to report in a particul section, you must write "none" or "n/a" in th		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		Appointees who must in Senate must file prior		
section(s).	which they perma			confirmation, even if that is less than a days from the date of their appointment		
	Supervisor of 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 for publicly-elected local officer must file at the same time they file the qualifying papers. Thereafter , local officers/employees, state officers, and specified state employees		
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form	¹ State officers or					
for a calendar or fiscal year is not require to file a second Form 1 for the same year	^{ed} file with the Co ar. Drawer 15709. Ta					
However, a candidate who previously file	ed a second			are required to file by July 1st following		

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.

each calendar year in which they hold their positions.

Finally, at the end of office or employme each local officer/employee, state officer, a d specified state employee is required to file a final disclosure form (Form 1F) within 60 da's of leaving office or employment. However, filing a CE Form 1F (Final Statement of Final statement of Financial Interests) does not relieve the fi of filing a CE Form 1 if he or she was in th br lir position on December 31, 2012.

Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

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