FORM 1	STATEM	ENT OF		2012			
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDDL SHORT CHARL MAILING ADDRESS :	ES THOMAS						
10052 MIMOSA	SILK DRIVE			IJUNOS			
CITY : FORT MYERS 3 NAME OF AGENCY :		•	13JUNO5AM09322 SUE LEE COF				
NAME OF OFFICE OR POSITION HE		FICER					
You are not limited to the space on the lin CHECK ONLY IF  CANDIDATE	if necessary. PPOINTEE		ц.				
**** 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):         Ø         DECEMBER 31, 2012         OR         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 OR DOLLAR VALUE THRESHOLDS PART A PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person - See instructions)							
	oort, you must write "none" or "n/a")	RCE'S	-	SCRIPTION OF THE SOURCE'S			
OF INCOME	ADDF	RESS		RINCIPAL BUSINESS ACTIVITY			
CLERK OF COUL	I TORT UNE	DE STREET RSFL 33901		NTERNAL ANDIT			
			·				
(If you have nothing to re	OF INCOME Ind other sources of income to business port, write "none" or "n/a")	es owned by the reporting per	son - See	instructions]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA	N/A	N/A N/A		N/A			
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") 33967 I 1200 WOOD.BINE WAY FORT MYERS FL. 2306 BAINMAR CEHIGH HCRES, FL.33973 INSTRUCTIONS 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 report, you must write "none" or "n/a")								
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
NA			NIA	4				
	<u> </u>		<u> </u>					
PART E — LIABILITIES (Major de	bts - See instruct	ions)						
(If you have nothing to			n/a")					
		ADDRESS OF CREDITOR						
WELLS-FARG	K 1530	K 1530 HEITMAN STREET FORT MYERS FL 33901						
			FORT	NYE	ERS i	FL 33901		
PART F - INTERESTS IN SPECIFI	ED BUSINESSES	Ownership or posit	ions in certain type	s of businesse	es - See instru	ictions]		
(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		ILA	N/A			NA		
ADDRESS OF BUSINESS ENTITY	^	×+·· /	<u> </u>	-1				
PRINCIPAL BUSINESS ACTIVITY	<b></b>	1	<u> </u>					
POSITION HELD WITH ENTITY	•	1.	<u> </u>					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	·	1		1	+			
NATURE OF MY OWNERSHIP INTEREST				t				
	THROUGH F	ÀRE CONTINUE	D ON A SEPA	RATE SHE	ET, PLEA			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): DATE SIGNED (required):								
Munin 1. Shot 6/3/2013								
	<u> </u>	ILING IN	<b>STRUC</b>	<b>FIONS</b>	:			
WHAT TO FILE:		WHERE TO	FILE:	-		TO FILE:		
After completing all parts of this form, <u>including signing and dating it,</u> send back only the first sheet (pages 1 and 2) for filing.					state offi	each local officer/employer, cer, and specified state employee		
		for your annual disclosure filing, return the form to that location.			must file	must file within 30 days of the date f his or her appointment or of the beginning of employment. Appointees who must the confirmed by the Senate must file prior		
If you have nothing to report in a particular		Local officers/employees file with the			of emplo			
section, you must write "none" or "n/a" in that section(s).		Supervisor of Elections of the county in which they permanently reside. (If you do not			confirmation, even if that is less than O days from the date of their appointment.			
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1		permanently reside in Florida, the with the			Candida	Candidates for publicly-elected local office		
for a calendar or fiscal year is not required to file a second Form 1 for the same year.		file with the Commission on Ethics, P.O. Thereafter, local officers/employees, sta						
However, a candidate who previously filed Form 1 because of another public position		Candidates file this form together with their are required			ired to file by July 1st following			
Form 1 because of another p	eviously filed			er with their				
must at least file a copy of his o	eviously filed ublic position	qualifying papers.	-		each cal positions	endar year in which they hold their		
	eviously filed ublic position		at category your p	osition falls	each cale positions. <i>Finally</i> , a each loca	endar year in which they hold their at the end of office or employme t, al officer/employee, state officer, a d		
must at least file a copy of his o	eviously filed ublic position	qualifying papers. To determine wha , under, see the "W page 3.	at category your p ho Must File" Ins	oosition falls tructions on	each cale positions. <i>Finally</i> , a each loca specified final discl	andar year in which they hold their at the end of office or employme t, al officer/employee, state officer, a d state employee is required to file a osure form (Form 1F) within 60 dars		
must at least file a copy of his o	eviously filed ublic position	qualifying papers. To determine what , under, see the "W	at category your p ho Must File" Ins	oosition falls tructions on	each cale positions. <i>Finally</i> , a each loca specified final discl of leavin filing a	andar year in which they hold their at the end of office or employme t, al officer/employee, state officer, a d state employee is required to file a osure form (Form 1F) within 60 dars g office or employment. Howev r, CE Form 1F (Final Statement of		
must at least file a copy of his o	eviously filed ublic position	qualifying papers. To determine wha , under, see the "W page 3.	at category your p ho Must File" Ins	oosition falls tructions on	each cale positions. <i>Finally</i> , a each loca specified final discl of leavin filing a Financial of filing a	andar year in which they hold their at the end of office or employme t, al officer/employee, state officer, a d state employee is required to file a osure form (Form 1F) within 60 dars g office or employment. Howev r,		

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

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