

FINAL STATEMENT OF FINANCIAL INTERESTS

12DEC11PM1228 SOE Lee Co FI

2012

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: <u>SICHEL EDGAR FLEER</u>			NAME OF REPORTING PERSON'S AGENCY: <u>COMMUNITY DEVELOPMENT DISTRICT GATEWAY</u>
MAILING ADDRESS: <u>12898 VISTA PINE CIRCLE</u>			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <u>GR3</u>
			<input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: <u>FORT MYERS</u>	ZIP: <u>33913</u>	COUNTY: <u>LEE</u>	LIST OFFICE OR POSITION HELD: <u>SUPERVISOR</u> <u>GSCDD SEAT 3</u>

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2012 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS NOVEMBER 15 2012 (date must be prior to 12/31/12)

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]
(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
<u>THE NORTHERN TRUST CO</u>	<u>BENEFIT PAYMENT SERVICES C-2N</u>	<u>PENSION</u>
	<u>505 LASALLE ST., CHICAGO, IL</u>	
	<u>60603</u>	

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions p. 4]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<u>SOCIAL SECURITY ADMIN</u>	<u>SOCIAL SECURITY BENEFIT</u>	<u>12 AMICA CTR PL2</u>	<u>SOCIAL SECURITY</u>
		<u>JANICA, N.Y. 11432-3898</u>	
<u>USAA INVESTMENTS MGT.</u>	<u>JD + ROTH IRA'S</u>	<u>9200 FREDERICKSBURG RD</u>	<u>BROKERAGE ACCTS</u>
		<u>SAN ANTONIO, TX 78282</u>	

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]
(If you have nothing to report, you must write "none" or "n/a")

PARCEL ID# 07-45-26-13-0000A, 0340

12898 VISTA PINE CIRCLE, FT MYERS, FL 33913

LEGAL DESCRIPTION: GATEWAY PH11 BLK A, PBS1 PGS

89-94 LOT 34 BOOK: 3164 PG 3879

FILING INSTRUCTIONS for 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 of this packet.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
SELF DIRECTED IRA	401 K RETIREMENT PLAN MANAGED BY USAA INVESTMENT CO
SHORT TERM BOND FUND	9800 FREDERICKSBURG RD, SAN ANTONIO, TX 78288

PART E — LIABILITIES [Major debts - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

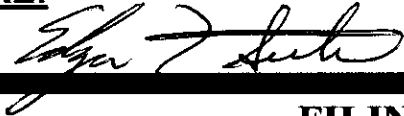
NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
(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		
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			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE:



DATE SIGNED:

12/16/2012

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages).
Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2012, you may not have filed Form 1 for 2011. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2011 by July 1, 2012, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.