FORM 1	STATEM	STATEMENT OF		2012		
Please print or type your name, mailing address, agency name, and position be		INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDE SMITH, ROGER MAILING ADDRESS	LTNN					
3715 McKIHL	ET AVE.					
FORT MYERG, FL. 3390 LEE				j ij		
BOARD OF ADJUGTMENTG				[3.JUN05917 SDE		
				7160		
NAME OF OFFICE OR POSITION HI	ELD OR SOUGHT :			Se l		
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.						
				<u>_</u>		
**** 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, 20	012 <u>OR</u> SPECIFY	TAX YEAR IF OTHER THAN	THE CAL	ENDAR YEAR:		
REQUIRES FEWER CALCULATION	ORTABLE INTERESTS: RS THE OPTION OF USING REPOR IS, OR USING COMPARATIVE THRE CHECK THE ONE YOU ARE USING	ESHOLDS, WHICH ARE USU	RE ABSOL ALLY BASI	UTE DOLLAR VALUES, WHICH ED ON PERCENTAGE VALUES		
	ERCENTAGE) THRESHOLDS		VALUE TH	RESHOLDS		
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")						
		RCE'S	DESCRIPTION OF THE SOURCE'S			
OF INCOME ADDRESS PARKER / MUDXFIT/GMITH 2136 MC CAF COOL P		Cool BLVD.	ALCH	ICIPAL BUSINESS ACTIVITY		
ARCHITECTE, INC: FORT MITERS, FL. 39901						
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		
	or income and other sources of income to busines eport, write "none" or "n/a")	ses owned by the reporting per	son - See ir	nstructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
LEE COUNTY, FLORINA	PUBLIC	1500 Mailof ST. FT. I	1ER4	CaINTY		
FGCL SCHOOL DISTRICT OF	UNIVERGITY	OPT MYERG, FLA		EDUCATION		
	<u>SCHOL DISTRICT</u>	FORT NTERS , FLA	•	EDUCATION		
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")				INSTRUCTIONS for nd where to file this		
50% INTEREST REGIDENTIAL IST-PINE 15. Fr.				e located at the bottom		
10% INTEREST OFFICE BUILDING -FT. MYERG, FL.				ICTIONS on who must form and how to fill it		
				jin on page 3.		

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PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you mi			uctions]				
TYPE OF INTANGIBLE	[BUSINESS ENTITY TO WH		LATES			
4TOCK	PARKER /	PARKER/MUDGETT/GMITH ARCHITECTG, INC.					
	/	/					
			······································				
PART E — LIABILITIES [Major debts - See instruc	•	······································					
(if you have nothing to report, you mu	ISL WITCE "NORE" OF "I	т. А. м.		· · · · ·			
NAME OF CREDITOR	003-01	ADDRESS OF CREDITOR 2247 IST. IST., FT. MITERS, FL. 3390					
KLAR BANK			_	1.10			
FLAGSTAR BANK	2151 COL	POPLATE DR., TROY,	MICH. 12018	-165			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, you musi	t write "none" or "n/a	")					
	IESS ENTITY # 1	BUSINESS ENTITY #	2 BUSINE	ESS ENTITY # 3			
		· · · · · · · · · · · · · · · · · · ·					
ADDRESS OF BUSINESS ENTITY				——————————————————————————————————————			
PRINCIPAL BUSINESS ACTIVITY				<u>ليم</u> مع			
POSITION HELD WITH ENTITY	· ····			DHHGQN			
INTEREST IN THE BUSINESS	<u> </u>			10917			
NATURE OF MY OWNERSHIP INTEREST				8			
	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):							
A Alist		4 .111	JE1013	~			
F	LING.IN	STRUCTIONS		· · · · · · · · · · · · · · · · · · ·			
WHAT TO FILE:	WHERE TO I		• WHEN TO FILE				
After completing all parts of this form, including signing and dating it, send back	If you were mailed	you were mailed the form by the Commission n Ethics or a County Supervisor of Elections		Initially, each local officer/employe, state officer, and specified state employe			
only the first sheet (pages 1 and 2) for filing.	for your annual of form to that location	or your annual disclosure filing, return the		days of the date			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/e	mployees file with the	of employment. Ap	pointees who must t mate must file prior			
E section, you must write mone or m/a" in that	aupervisor of El	actions of the accel. "					
section(s).	which they perma	ections of the county in nently reside. (If you do not le in Elorida file with the	confirmation, even if				
section(s). NOTE:	which they perma permanently resident Supervisor of the	nently reside. (If you do not le in Florida, file with the county where your agency	confirmation, even if days from the date Candidates for publ	that is less than 3 of their appointmen icly-elected local offic			
section(s). NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1	which they perma permanently resic Supervisor of the has its headquarte State officers or	nently reside. (If you do not le in Florida, file with the county where your agency ers.) specified state employees	confirmation, even if days from the date Candidates for publ must file at the san qualifying papers.	that is less than 3 of their appointmen icly-elected local offic ne time they file the			
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.	which they perma permanently resic Supervisor of the has its headquarte State officers or file with the Con Drawer 15709, Ta	nently reside. (If you do not le in Florida, file with the county where your agency ers.) specified state employees mission on Ethics, P.O. lahassee, FL 32317-5709.	confirmation, even if days from the date Candidates for publ must file at the san qualifying papers. Thereafter , local off officers, and specifi	that is less than 3 of their appointmen icly-elected local offic ne time they file the ficers/employees, sta fied state employee			
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ROBER GMITTI 3715 MCKINLEY AVE. FORT MYERG, FL. 399101

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

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