| FORM 1 | | STATEM | IENT OF | | 2012 | |
|--|--|--|---------------------------------------|----------------------|--|--|
| Please print or type your name, mailing address, agency name, and position bel | ow: | FINANCIAL | INTEREST | S | FOR OFFICE USE ONLY: | |
| LAST NAME - FIRST NAME - MIDD Southwick Christ MAILING ADDRESS : | inc. | • | | | | |
| 2462 Verdmont | ZIP : | | | $\overline{\}$ | 13JUN249 | |
| NAME OF AGENCY : (F, 4 C, b) NAME OF OFFICE OR POSITION HE | 339 | | | | 13JUN24#M1025 SDE LEE OPF | |
| You are not limited to the space on the I CHECK ONLY IF CANDIDATE | | s form. Attach additional sheets | | | _EE OPF1 | |
| **** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one): DECEMBER 31, 2 | JR FINAN EASE ST | ATE BELOW WHETHER TH | E PRECEDING TAX YEAR | , WHETHE THE PREC | R BASED ON A CALENDAR EDING TAX YEAR ENDING | |
| MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATION (see instructions for further details). | RS THE C IS, OR U CHECK | OPTION OF USING REPORT SING COMPARATIVE THRE THE ONE YOU ARE USING | SHOLDS, WHICH ARE U | SUALLY B | OLUTE DOLLAR VALUES, WHICH ASED ON PERCENTAGE VALUES THRESHOLDS | |
| PART A PRIMARY SOURCES OF | INCOME | [Major sources of income to th | | structions] | | |
| (If you have nothing to report, you NAME OF SOURCE OF INCOME | | SOURCE'S ADDRESS | | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| | Windham/Magndea Landing/K | | lea North Fi Myers 332 | 1 (J | GNFClub | |
| Magnotic Landing Realty Ltt. | | 350/Qvenicla bel Vera NG Myers 33751 | | | Real Estate Sales | |
| | | ······································ | | | | |
| PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to n | and other | sources of income to busines | ses owned by the reporting | person - Se | e instructions] | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| Nonz | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| 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") | | | | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom | |
| | | | | | ige 2. | |
| | | | | | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. | |

| (ii you nave nothing ti | | [Stocks, bonds, certifice (Stocks, bonds, certifice) (Stocks, certifice) (Sto | cates of deposit, etc See instru n/a'') | uctions] | | | | |
|--|--|--|--|---|---|--|--|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | |
| None | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PART E — LIABILITIES (Major de (If you have nothing to | | | /a") | | | | | |
| | | ADDRESS OF CREDITOR | | | | | | |
| None | | | | | | | | |
| | | | | | Ū. | | | |
| | | | | | 444 | | | |
| PART F — INTERESTS IN SPECIFI (If you have nothing to i | eport, you mus | [Ownership or positi write "none" or "n/a" IESS ENTITY # 1 | ons in certain types of businesses) BUSINESS ENTITY # | | (#3) (#3) | | | |
| NAME OF BUSINESS ENTITY | NIO | n | | | r F | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | 8 | | | |
| 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 | rhrough f | ARE CONTINUE | D ON A SEPARATE SHE | ET, PLEASE CHECK HERE | | | | |
| SIGNATURE (required): DATE SIGNED (required): | | | | | | | | |
| | <u>ea).</u> | | DATE SIG | NED (required): | | | | |
| Christing | <u>ear</u> D Li | sthuck | <u>DATE SIG</u> | NED (required): 19 /13 | | | | |
| Christing | D La | sthuck | <u>لمات sig</u> () STRUCTIONS | 19/13 | | | | |
| What to file: | D La | WHERE TO F | 5TRUCTIONS | 19 /1 <u>3</u> : When to file: | | | | |
| After completing all parts o | 5 Superior States State | WHERE TO F | / ل STRUCTIONS | WHEN TO FILE: Initially, each local office state officer, and specified sta | te employee | | | |
| | f this form, t send back | WHERE TO I If you were mailed on Ethics or a Cou | STRUCTIONS FILE: the form by the Commission anty Supervisor of Elections lisclosure filing, return the | WHEN TO FILE: <i>Initially</i> , each local office state officer, and specified sta must file <i>within 30 days</i> of his or her appointment or of th | te employee the date of ne beginning | | | |
| After completing all parts o including signing and dating only the first sheet (pages 1 and If you have nothing to report i | f this form, t, send back (2) for filing. n a particular | WHERE TO F If you were mailed on Ethics or a Cou for your annual of form to that location Local officers/e | STRUCTIONS FILE: the form by the Commission inty Supervisor of Elections lisclosure filing, return the in. mployees file with the | WHEN TO FILE: <i>initially</i> , each local office state officer, and specified state must file <i>within 30 days</i> of his or her appointment or of th of employment. Appointees w confirmed by the Senate must | te employee the date of he beginning ho must be file prior to | | | |
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Facsimiles will not be accepted.

