FORM 1	STATEM	STATEMENT OF		2012
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE				
Stewart Rev.	AGNO			
	Cove DR # 204			15
	·			
CITY: Ft. Myers	ZIP: COUNTY: FL 33907	Lee		13JUNIORM1015 SCELEE COF
NAME OF AGENCY: Paseo CDO		1010	V	15 90
NAME OF OFFICE OR POSITION HELI				
	per visors			# Q
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF AP)F1
**** BOTH	PARTS OF THIS SECTION	ON MUST BE COM	PLETI	ED ****
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):	FINANCIAL INTERESTS FOR THE SE STATE BELOW WHETHER THIS	PRECEDING TAX YEAR, V S STATEMENT IS FOR THE	HETHER PRECE	R BASED ON A CALENDAR DING TAX YEAR ENDING
DECEMBER 31, 201	2 <u>or</u> Specify t	TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). CI	THE OPTION OF USING REPORTION USING COMPARATIVE THRES	NG THRESHOLDS THAT A SHOLDS, WHICH ARE USU	RE ABSC ALLY BA	DLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES
· _	RCENTAGE) THRESHOLDS O	R DOLLAR	VALUE	THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to the ort, you must write "none" or "n/a")	e reporting person - See instru	ictions]	
NAME OF SOURCE OF INCOME	SOUR ADDR			SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY
Stock Development 1	LC 2647 Profession	val Circle Sunta 12	Ol_	Builder /owelopel
	Noples,	FL 34119		
			_	
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	d other sources of income to business	es owned by the reporting per	son - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
7/1		<u> </u>		
,				
PART C REAL PROPERTY [Land, but (If you have nothing to report	uildings owned by the reporting person ort, you must write "none" or "n/a")	- See instructions]		G INSTRUCTIONS for and where to file this
NIA				are located at the bottom
		· · · · · · · · · · · · · · · · · · ·	of pa	ge 2.
			file th	RUCTIONS on who must nis form and how to fill it
			out b	egin on page 3.

(If you have nothing to	L PROPERTY [Stocks, bonds, certif report, you must write "none" or "	icates of deposit, etc See instructions]			
TYPE OF INTANGIBL	E .	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A					
PART E — LIABILITIES [Major debt (If you have nothing to a	s - See instructions] report, you must write "none" or "	n/a")	: -		
NAME OF CREDITO	R	ADDRESS OF CREDITOR			
Mercedes Benz	Financial Ft. Mc	Ft. Myers, FL			
	<u> </u>	 			
			· · · · · · · · · · · · · · · · · · ·		
PART F — INTERESTS IN SPECIFIED (If you have nothing to re	D BUSINESSES [Ownership or posit port, you must write "none" or "n/a	ions in certain types of businesses - See ins	tructions]		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY #3		
NAME OF BUSINESS ENTITY	NA		, , , , , , , , , , , , , , , , , , , ,		
	12/12				
ADDRESS OF BUSINESS ENTITY	N/A				
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY					
	N/A N/A				
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	N/A N/A N/A				
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	N/A N/A				
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	N/A N/A N/A N/A	D ON A SEPARATE SHEET, PLE	ASE CHECK HERE		
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	N/A N/A N/A N/A N/A	D ON A SEPARATE SHEET, PLE DATE SIGNED (

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that 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. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

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 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 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.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

2647 Proposeral lincles South 1201 Naples, FL 34119 13JUN10M101590ELEE (0) 13JUN10M101590ELEE

R Stewart

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ZIP 34119 011D11637344

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

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