FORM 1	STATEM	ENT OF		2012
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE N STREPEL STE				
MAILING ADDRESS: SE		:E		13.
Cape Cosac,	FL 339	09		JL014
	ZIP: COUNTY:		1	M1053
NAME OF AGENCY:  CAPECORAL Planning of NAME OF OFFICE OR POSITION HELD O		Springs		13JUL01AM1053SOELEECOF
BOARD MEMBER	/ Building =	Inspector		# OF
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF				##   
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIVEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one):  DECEMBER 31, 2012  MANNER OF CALCULATING REPORTATIVE LEGISLATURE ALLOWS FILERS TO REQUIRES FEWER CALCULATIONS, CONTROL (see instructions for further details). CHECK	E STATE BELOW WHETHER TH OR SPECIFY  ABLE INTERESTS: HE OPTION OF USING REPORT IN USING COMPARATIVE THRE ECK THE ONE YOU ARE USING	E PRECEDING TAX YEAR, IIS STATEMENT IS FOR TH TAX YEAR IF OTHER THA TING THRESHOLDS THAT ISHOLDS, WHICH ARE US	WHETHER IE PRECE IN THE CA ARE ABSO UALLY BA	R BASED ON A CALENDAR DING, TAX YEAR ENDING LENDAR YEAR:
PART A PRIMARY SOURCES OF INCO	ME [Major sources of income to the	ne reporting person - See inst		THRESHOLDS
NAME OF SOURCE		rce's Ress		SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY
OF INCOME CHZM4iL	9220 Boarta A	Beach FO Book	Bul	
JFK AND ASSOCIA	201 201 10 70 4	COURTERN	بدكة	spector
			<del> </del>	
(If you have nothing to repor	other sources of income to busines	ses owned by the reporting p  ADDRESS OF SOURCE	erson - See	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Rental	of Bookers Indone	28110 Tamper	weCT	Owner
		· · · · · · · · · · · · · · · · · · ·	_	
PART C-REAL PROPERTY [Land, build (If you have nothing to report 5\$09 SE 17+9 5232 Sw 24+4 28110 74m Der	you must write "none" or "n/a")  Cace  Cac		when form of pa INSTI	G INSTRUCTIONS for and where to file this are located at the bottom ge 2.  RUCTIONS on who must his form and how to fill it egin on page 3.

PART D — INTANGIBLE PERSOI (If you have nothing t	NAL PROPERTY [Stocks, bonds, certificor report, you must write "none" or "	cates of deposit, etc See instructions		
TYPE OF INTANGIE	BLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Stocks	C.F.	12014/CC (	40(1)	
PART E — LIABILITIES [Major de (If you have nothing to NAME OF CREDIT	report, you must write "none" or "r	ADDRESS OF CR	EDITOR Chicogo	
PART F — INTERESTS IN SPECIFI (If you have nothing to	ED BUSINESSES [Ownership or position report, you must write "none" or "n/a"  BUSINESS ENTITY # 1	ons in certain types of businesses - See  BUSINESS ENTITY # 2	instructions]  BUSINESS ENTITY # 3	
ADDRESS OF BUSINESS ENTITY	Do Box 7431 St Cha	vles		
PRINCIPAL BUSINESS ACTIVITY	BUILDING CONSULT.			
POSITION HELD WITH ENTITY	Pres			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES			
NATURE OF MY OWNERSHIP INTEREST	AB SENTER OWNER			
		O ON A SEPARATE SHEET, PL	EASE CHECK HERE	
	red):			

# 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 filling.

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 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.

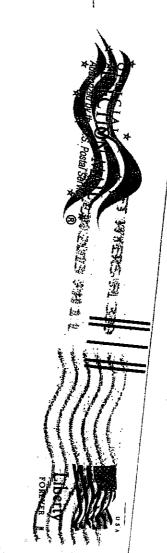
**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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.

# '13JUL01AM1054 SDELEE COF1

City of Bonita Springs Community Development Dept. 9220 Bonita Beach Rd, Suite 109 Bonita Springs, FL 34135

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



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