FORM 1	STATEM	ENT OF \	JUL	2012		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S	OR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE						
MAILING ADDRESS:	<u>h .S</u>					
	Aue	Į.				
108 10. 100	-10 -		1			
	34114 Collie		1			
CITY:	Q	/	J			
City of IT Myer	5 General Employe	es lension				
Trustee of the	encial					
NAME OF OFFICE OR POSITION HELD	<b>5</b>					
Employees Pensil	•		i I			
You are not limited to the space on the lines  CHECK ONLY IF  CANDIDATE C	PPOINTEE		Í			
				i de la companya de l		
**** BOTH DISCLOSURE PERIOD:	PARTS OF THIS SECT	ION MUST BE CO	MPLETED *	****		
THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):						
DECEMBER 31, 2012	OR SPECIFY	TAX YEAR IF OTHER TH	AN THE CALEN	DAR YEAR: 2012		
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS TO REQUIRES FEWER CALCULATIONS, Of (see instructions for further details). CH	THE OPTION OF USING REPORT OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE U				
[` <u> </u>		_/	R VALUE THRE	SHOLDS		
PART A PRIMARY SOURCES OF INC (If you have nothing to report	OME [Major sources of income to the t, you must write "none" or "n/a")		tructions]			
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
City of Ft Myes.	PO BOX 2217	,	GOUT			
Employee	2200 Second	ST PT	36,000 Salary FOV			
	myers Fla 33	902-2217	2012			
	<b>"</b> "					
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to business	ses owned by the reporting	person - See instru	ıctions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NONG.		<del>                                     </del>		<del></del>		
		<del></del>		<del></del>		
				<del></del>		
PART C REAL PROPERTY [Land, build (If you have nothing to report	- See instructions]	FILING INSTRUCTIONS for				
Nowc		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				
				on nage 3		

PART D — INTANGIBLE PERSONA (If you have nothing to				See instructions]				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
Capital one saying ACC.		क्र <u>ि</u>	No + caecel	250°,00	in Intrest	01 9am		
UMWALQ74, Pension Fund		Durs	Not exceed	2500.00	in Interest of	y games		
American find	mut fund	Dors	not crocked	2500.00	in Futerest	of 9		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
Nowe					<u> </u>			
<u> </u>						· · · · · · · · · · · · · · · · · · ·		
					<u> </u>			
PART F — INTERESTS IN SPECIFIE (If you have nothing to re	eport, you must write	wnership or pos e "none" or "n ENTITY # 1	ations in certain types of b (a") BUSINESS		BUSINESS ENTITY			
NAME OF BUSINESS ENTITY	Now							
ADDRESS OF BUSINESS ENTITY						41		
PRINCIPAL BUSINESS ACTIVITY						Ä		
POSITION HELD WITH ENTITY						H		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u></u>				<del>- 8</del>		
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A T	HROUGH F AR	E CONTINU	ED ON A SEPARAT	E SHEET, PLEA	SE CHECK HERE			
SIGNATURE (requir		DATE SIGNED (required):						
Joseph & To		6/24/13						
FILING INSTRUCTIONS:								
WHAT TO FILE: WHEN 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.

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.

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 freir 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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.