FORM 1	STATEM	STATEMENT OF 201		2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	FINANCIAL INTEREST		FOR OFFICE USE ONLY:	
	NAME: ENIC				
MAILING ADDRESS: 4634 SANTA BARBA	M PL #206		garaga da		
CAPE CORAL,	77914 LE	Z .		13	
NAME OF AGENCY :	, + ZONING			13JUN26AN0918 SIE LEE	
NAME OF OFFICE OR POSITION HELD		28160			
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O	_	•		0.0 E C E C C	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):	E STATE BELOW WHETHER TH	E PRECEDING TAX YEAR, W	HETHER BASED C	N A CALENDAR YEAR ENDING	
MANNER OF CALCULATING REPORT. THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, C (see instructions for further details). CHE	ABLE INTERESTS: HE OPTION OF USING REPOR OR USING COMPARATIVE THRE ECK THE ONE YOU ARE USING	ESHOLDS, WHICH ARE USUA :	RE ABSOLUTE DOL ALLY BASED ON PI	LAR VALUES, WHICH ERCENTAGE VALUES	
PART A PRIMARY SOURCES OF INCO			VALUE THRESHO	LDS	
(If you have nothing to report	, you must write "none" or "n/a"		0.001.01		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
MILOFF AUBUCHON KEN	17 4707 SE 9B	707 SE 9POR CAPE CORRESTOR REAL ESTATE COMMU		TATE COMMUTIONS	
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repor	other sources of income to busines	ses owned by the reporting pers	son - See instructions	1	
NAME OF I BUSINESS ENTITY	SINESS ENTITY OF BUSINESS' INCOME OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
P.	ENTAL INCOME	19 JOLICOEUN NV	SPENCER,	MIS - PROPERTY PE	
				<i>Z</i> /	
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") MASSACTUSETTY IN MISSIACTUSETTY See assure			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
			INSTRUCTIONS file this form a	nd how to fill it	

(If you have nothing to report, you must write "none" or "n/a") TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a") NAME OF CREDITOR PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a") NAME OF CREDITOR PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY 1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY	Ì					
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OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required):	DATE SIGNED (required):					
(alla 6/20/2013						
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.



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

