FORM 1	STATEM	ENT OF	N	'0 ~	2012
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	$S \int$	FOR OFFICE	USE ONLY:
LAST NAME FIRST NAME MIDDLE N MAHLER MARIA					
MAILING ADDRESS: JORSE CK	eek Ks.			/	بــــــــــــــــــــــــــــــــــــ
CITY:	ZIP: COUNTY:				
TORT MYORS NAME OF AGENCY:	33913 COUNTY	ee.			7#109E
NAME OF OFFICE OR POSITION HELD O				V	13JUN178110929 SDE LEE COF1
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	on this form Attach additional sheets,				±09F1
	PARTS OF THIS SECTI	ION MUST BE CON	IPLETI	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FII YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one):					
DECEMBER 31, 2012		TAX YEAR IF OTHER THAI	N THE CA	.LENDAR YEAR:_	
MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, OF (see instructions for further details). CHE	HE OPTION OF USING REPORT OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USU	\RE ABSO JALLY BA	LUTE DOLLAR W SED ON PERCEN	ALUES, WHICH ITAGE VALUES
' _			VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	ME [Major sources of income to th , you must write "none" or "n/a")		uctions]		
NAME OF SOURCE OF INCOME	1	SOURCE'S DESCRIPTION OF THE SOI ADDRESS PRINCIPAL BUSINESS AC			
Social Security			So	· 1/ C	cuerry
					,
PART B SECONDARY SOURCES OF IN [Major customers, clients, and or (If you have nothing to report,	other sources of income to business	ses owned by the reporting pe	rson - See	instructions]	
NAME OF NA BUSINESS ENTITY	IAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
none na					
					
DART C. REAL RECORDED II and build	hu the resorting persor	and the terral and			
PART C REAL PROPERTY [Land, building (If you have nothing to report,	: - See instructions]	FILING INSTRUCTIONS for when and where to file this			
pone n/a	<u> </u>			are located at ti	
			. •	RUCTIONS on w	vho must
				is form and horegin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")									
TYPE OF INTANGIBLE		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
none na									
	-11/								
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					نديً				
PART E — LIABILITIES [Major de (If you have nothing to			'n/a")						
NAME OF CREDIT	'OR	1	ADDRESS	OF CREDITOR	C)HR				
1.011 11:00	A 11	1111	ADDRESS OF CREDITOR						
414-11 11/KU	BANK	<i></i>	ADDRESS OF CREDITOR ADDRESS OF CREDITOR						
<u> </u>			<u> </u>						
PART F - INTERESTS IN SPECIFIE				s - See instructions]	,				
(if you have nothing to	•	ESS ENTITY # 1	BUSINESS ENTITY #	2 BI	JSINESS ENTITY #3				
NAME OF BUSINESS ENTITY	417	2							
ADDRESS OF BUSINESS ENTITY	0) 10	<u> </u>							
PRINCIPAL BUSINESS ACTIVITY	n 10	2							
POSITION HELD WITH ENTITY	nl	a							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	nl	a							
NATURE OF MY OWNERSHIP INTEREST	0	a			, , , , , , , , , , , , , , , , , , ,				
IF ANY OF PARTS A	THROUGH F	RE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CI	IECK HERE				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): DATE SIGNED (required):									
Man 11/1/han blutter									
Many Mahre 6/14/13									
FILING INSTRUCTIONS:									
	F	LING IN	STRUCTIONS	///					
WHAT TO FILE:	F	LING IN WHERE TO		WHEN TO I	ILE:				
After completing all parts o		WHERE TO If you were mailed	FILE: I the form by the Commission	WHEN TO F Initially, each	local officer/employee,				
	it. send back	WHERE TO If you were mailed on Ethics or a Co for your annual	FILE: I the form by the Commission ounty Supervisor of Elections disclosure filing, return the	WHEN TO F Initially, each state officer, an must file within	local officer/employee, d specified state employee a 30 days of the date of				
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SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

