FORM 1	STATEM	ENT OF	. L		2012	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTER	ESTS		FOR OFFICE USE ONLY:	
	ENAME: 208E/2T			_		
P.O. BOX 60516			<u> </u>			
		·				
FT. MYENS, FR	ZIP: COUNTY: 33906 -60576	LEE			13JUNZBAM1048 SÜELEE OO FI	
	E CONTROL AND NESCUL	E DISTRICT	1		948 S	
NAME OF OFFICE OR POSITION HEL INTERIM FINE					EE	
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	os on this form. Attach additional sheets, OR NEW EMPLOYEE OR AP				8 12	
**** BOTH	PARTS OF THIS SECTI	ON MUST B	E COMP	PLETE	D ****	
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEAEITHER (must check one):						
DECEMBER 31, 201	2 <u>OR</u> D SPECIFY	TAX YEAR IF OTI	HER THAN	THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). Cl	THE OPTION OF USING REPORTI OR USING COMPARATIVE THRES	SHOLDS, WHICH				
		~	DOLLAR V	ALUE 1	HRESHOLDS	
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 instruc	tions]		
NAME OF SOURCE OF INCOME	ADDR	SOURCE'S ADDRESS 3397			CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY	
LESCUE DISTRICT	AND 636 THOMAS SHERM	ed Ave. 5. 4	PLNES, FL		THE DEPT.	_
						-
						-
PART B SECONDARY SOURCES Of [Major customers, clients, and (if you have nothing to represent the control of	d other sources of income to business	es owned by the re	eporting perso	on - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
J/A						_
	ŀ			[
			···			_
PART C REAL PROPERTY [Land, but		- See instructions]			INSTRUCTIONS for	
	illdings owned by the reporting person rt, you must write "none" or "n/a")	- See instructions]		when form a	and where to file this re located at the bottom	
		- See instructions]		when form a of pag	and where to file this re located at the bottom	

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		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
BANK ACCOUNTS		BANK OF	AMENICA SUNCOAST	Schools GREBET YNDOW				
DEFORED COMPENSATION		NATIONWEDE RETEREMENT SOUTHOUS						
IRA		AMERICAN FUNDS						
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						
BANK OF AMERICA		CHARLOTTÉ, NC						
— 1/1 — — / — / — / — / — / — / — / — / — 								
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 # 3								
NAME OF BUSINESS ENTITY	NIA							
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY				733				
POSITION HELD WITH ENTITY				D)-1				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A T	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required):								
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 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.

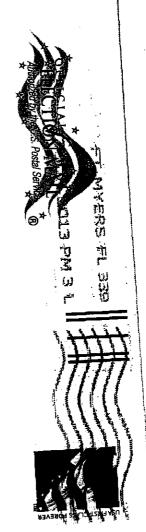
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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.

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Lehigh Acres Fire Dept. 636 Thomas Sherwin Ave. S. Lehigh Acres, FL 33974

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



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