## FORM 1

## STATEMENT OF

2012

I OKWI I	SIAIEM	STATEMENT OF		
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDL Hanson, Martha M.	E NAME:	الله مسر دوار د	105677674	
MAILING ADDRESS: 7074 Southeast 12th Circle	.,	<u>V.</u>	No - and a sine of the goods	
CITY:	ZIP: COUNTY:	rian County		
Ocala  NAME OF AGENCY:	34480 Ma	arion County	wige CA	
Withlacoochee Reg. Plann	ning Council		AF D	
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :		OS A	
Board of Directors	All for All I little and a little	•		
CHECK ONLY IF  CANDIDATE	nes on this form. Attach additional sheets, OR NEW EMPLOYEE OR AF		TO O M	
	H PARTS OF THIS SECTI	ON MUST BECOMP	PLETED *5	
	R FINANCIAL INTERESTS FOR THE ASE STATE BELOW WHETHER THI			
DECEMBER 31, 20	12 <u>OR</u> D SPECIFY	TAX YEAR IF OTHER THAN	THE CALENDAR YEAR:	
REQUIRES FEWER CALCULATIONS	S THE OPTION OF USING REPORT	SHOLDS, WHICH ARE USUA	E ABSOLUTE DOLLAR VALUES, WHICH LLY BASED ON PERCENTAGE VALUES	
l'			ALUE THRESHOLDS	
	NCOME [Major sources of income to the port, you must write "none" or "n/a")	e reporting person - See instruc	tions]	
NAME OF SOURCE OF INCOME	1	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
MARTHA M. HANSON TRUST	BCALA, FL.	\L.00	27A dated 2/7/96	
BENEFICIAL INTEREST IN	s.'		, , , ,	
STANLEY D. HANSON TR	UST OCATA, FL		UTA dated 2/1/56	
/ 5 /	, , , , , , , , , , , , , , , , , , ,		, ,	
	OF INCOME and other sources of income to business port, write "none" or "n/a")	ses owned by the reporting pers	on - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
CNONEL				
	buildings owned by the reporting persor port, you must write "none" or "n/a")		FILING INSTRUCTIONS for when and where to file this	
PERSONAL RESIS		form are located at the bottom		
MOMA SE 12th				
	CIRCLE		of page 2.  INSTRUCTIONS on who must	

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			0011017		
PART D INTANGIBLE PERSON (If you have nothing to	AL PROPERTY [ report, you mus	Stocks, bonds, certific	cates of deposit, etc See instru /a")	ctions]	
TYPE OF INTANGIB	-	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
PROGER: GAMBLE CAMMON STOCK		2 Bone	BONG FICIAL INTEREST		
Varguerd Windson II Find Palanced Index Jund Van	2 Vanguage	412011		D	
met ender French, Vangue	and Prime	3000 50011	are BENEFIC.	HZZIJOWNES	
WINNEY WAS STONEY					
PART E — LIABILITIES [Major del	ots - See instruction report, you mus	ons] st write "none" or "n	/a")		
NAME OF CREDIT	OR	ADDRESS OF CREDITOR			
1211				,	
None					
PART F — INTERESTS IN SPECIFIE	D BUSINESSES	[Ownership or position	ons in certain types of businesses	- See instructions]	
(If you have nothing to r		write "none" or "n/a" ESS ENTITY # 1	) BUSINESS ENTITY #	2 BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	2		BOOMEOO LIVITT #	2 BOSINESS ENTIT # 3	
	<u> NO</u> (	VE			
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					
		ARE CONTINUE		T, PLEASE CHECK HERE	
SIGNATURE (requir	<u>ed):</u>		DATE SIG	NED (required):	
Marthe M. Hansa Okene 6 2013					
FILING INSTRUCTIONS:					
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:					
After completing all parts of this form, If you were mailed the form by the Commission Initially, each local officer/employee,					

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