

**FORM 1 F****FINAL STATEMENT OF  
FINANCIAL INTERESTS****2013****(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)**

LAST NAME — FIRST NAME — MIDDLE NAME:

Adams Donald Ray

NAME OF REPORTING PERSON'S AGENCY:

Lehigh Acres Fire Control and Rescue District

MAILING ADDRESS:

18751 Bridge Wood Ct.

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3)

- LOCAL OFFICER     STATE OFFICER  
 SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: Fire Chief

CITY:                      ZIP:                      COUNTY:

Alva                      33920                      Lee

**\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*****DISCLOSURE PERIOD:**THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2013 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS January 3, 2013. (Date must be prior to 12/31/13)**MANNER OF CALCULATING REPORTABLE INTERESTS:**

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

- COMPARATIVE (PERCENTAGE) THRESHOLDS     OR     DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, you must write "none" or "n/a")

| NAME OF SOURCE OF INCOME             | SOURCE'S ADDRESS                         | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------------------|--|---|
| Lehigh Acres Fire Control and Rescue | 636 Thomas Sherwin Ave. S./ Lehigh Acres | Retired Fire/Rescue District                            |
| City of Orlando Fire Department      | 400 S. Orange Ave/ Orlando, FL           | Retired Fire/Rescue Department                          |
| Columbia Southern University         | Orange Beach AL 36561                    | Professor   |
|                                      |  |   |

**PART B -- SECONDARY SOURCES OF INCOME**[Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions]  
(If you have nothing to report, you must write "none" or "n/a")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
|                         |   |                   |                                       |
|                         |   |                   |                                       |
|                         |   |                   |                                       |

**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")

|  |
|--|
|  |
|  |
|  |
|  |

**FILING INSTRUCTIONS** for 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 out begin on page 3 of this packet.

**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")

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| TYPE OF INTANGIBLE     | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|------------------------|---|
| Money Market Accounts  | Personal Savings                              |
| Certificate of Deposit | Personal Savings                              |
|                        |   |
|                        |   |

**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                               |
|------------------|---|
| Regions Mortgage | PO Box 2153, Dept 2520, Birmingham, AL 35287-2520 |
| BB & T           | PO Box 2467 Greenville, South Carolina 29602-2467 |
|                  |   |
|                  |   |

**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                          |                     |                     |                     |
| ADDRESS OF BUSINESS ENTITY                       |                     |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                      |                     |                     |                     |
| POSITION HELD WITH ENTITY                        |                     |                     |                     |
| DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS |                     |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST                  |                     |                     |                     |

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE:**

*Wendy A. Allen*

**DATE SIGNED:**

April 10, 2013

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

**WHEN TO FILE:**

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers:** file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

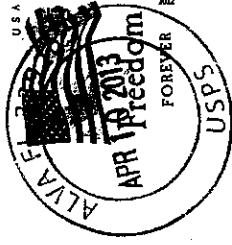
**State officers or specified state employees:** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**

If you are leaving office or employment during the first half of 2013, you may not have filed Form 1 for 2012. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2012 by July 1, 2013, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

DONALD & VERLENE ADAMS  
18751 BRIDGE WOOD CT.  
ALVA, FL 33920



Sharon Harrington, Supervisor of Elections  
P.O. Box 2545  
Fort Myers, FL 33902

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