FORM 1	STATEN	STATEMENT OF		2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	\mathbf{S}	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDD ALBRIGHT, W-	LE NAME :	'143	 I IN1 9PM():	125 SOE LEE CO F1	
MAILING ADDRESS:	ACE		ر السيدة الس	100 000 000 000	
CAPE CCRAL P	zip: county: 133919 LE	Æ	/		
NAME OF AGENCY: LEE COUNTY BO	000_				
NAME OF OFFICE OR POSITION HE ADMIN SOFTIALS		MT MNG OFF			
You are not limited to the space on the I	ines on this form. Attach additional she	eets, if necessary.	/		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF				
DISCLOSURE PERIOD:	H PARTS OF THIS SECT				
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one):					
DECEMBER 31, 20	013 <u>OR</u> 🗆 SPECI	IFY TAX YEAR IF OTHER TH	HAN THE C	CALENDAR YEAR:	
MANNER OF CALCULATING REFILERS HAVE THE OPTION OF USICALCULATIONS, OR USING COMP	ING REPORTING THRESHOLDS	THAT ARE ABSOLUTE DOL 4 ARE LISUALLY BASED OF	LAR VALU N PFRCEI	JES, WHICH REQUIRES FEWER	
for further details). CHECK THE ON				UE THRESHOLDS	
PART A - PRIMARY SOURCES OF IN	· · · · · · · · · · · · · · · · · · ·			The initiality	
(If you have nothing to rep	port, write "none" or "n/a")		•		
NAME OF SOURCE OF INCOME	AD	DURCE'S DDRESS	Pi	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
LEECOUNTY BOCC	Po BOX 398, FT	MYERS, FL	COU	COUNTY GOVN	
	OF INCOME and other sources of income to busines port, write "none" or "n/a")	sses owned by the reporting po	erson - See	instructions)	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
PART C REAL PROPERTY [Land, b	uildings owned by the reporting perso	on - See instructions!			
(If you have nothing to repr		n - See manuonona,	and w	G INSTRUCTIONS for when there to file this form are at the bottom of page 2.	
N/A				INSTRUCTIONS on who must file this form and how to fill it out	
				on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")					
TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NA					
	-				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
NIA					
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none" NAME OF BUSINESS ENTITY		inesses - See instructions] BUSINESS ENTITY # 2			
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					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):	DATE SIGNED (r	equired):			
Xatie Herian	5/27/14				
If a certified public accountant lidensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:					
I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.					
Signature		Date			
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.

LITTING INSTRUCTIONS:

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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.