

FORM 1

STATEMENT OF

2013

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

14 JUN 18 AM 11:47 SUE LEE CDF

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Anderson, Kevin B

MAILING ADDRESS :

CITY : ZIP : COUNTY :

NAME OF AGENCY :
Fort Myers Police Retirement Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Board Member

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING:

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, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Chico's FAS, Inc.	11215 metro Parkway, Fort Myers, Florida 33966	Retail - Women's Specialty Clothing
Fiduciary Trust		Retirement

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

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, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

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.

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
401K	TrowePrice/Chico's FAS, Inc

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PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo	Post Office Box 660455, Dallas, Texas 75266

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
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 (required):

[Handwritten Signature]

06/18/14

If you are a filer of this form, you are required to file this form with the Florida Department of Banking Regulation. If you are not a filer, you may file this form with the Florida Department of Banking Regulation or the Florida Department of Banking Regulation.

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 sheet (pages 1 and 2) for filing.
If you have nothing to report in a particular section(s).
NOTE:
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a subsequent form if the person's financial information remains the same as in the previous year.

WHERE TO FILE:
If you were mailed the form by the Commission, your annual disclosure filing, return the form to that location.
Local office employees: file with the Supervisor of the County where you are currently residing.
Statewide or special duty employees: file with the Supervisor of the county where your permanent residence is located.
Central and regional offices: file with the Supervisor of the county where you are currently residing.

WHEN TO FILE:
Initially, each local officer/employee, state officer, and special duty employee is required to file this form within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be certified by the State before their appointment are required to file this form within 30 days from the date of their appointment.
Candidates for public office must file this form within 30 days of the date of their appointment.
This information is required for all employees and specified state employees are required to file this form within 30 days of the date of their appointment.