FORM 1	STATEN	STATEMENT OF		2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE  BECK RICHARD	NAME: J <i>OSE PH</i>				
MAILING ADDRESS: 7820 Reflecting Pd	. CT. #1311			14MAY27PM 1 05 SOE LEE CO FI	
FT. MYP				7P# 1	
CITY: FT, M YETS	ZIP: COUNTY:	Lec		05 92	
NAME OF AGENCY: BOULD OF COUNT	y Commission	re 5		Ë	
NAME OF OFFICE OR POSITION HELD	O OR SOUGHT:			E03	
Facilities Services Director  You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				ក	
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):					
<b>⊅</b> DECEMBER 31, 201	3 <u>OR</u> 🗆 SPECIF	FY TAX YEAR IF OTHER TI	HAN 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 (PE	RCENTAGE) THRESHOLDS	OR A DOL	LAR VA	LUE THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to report		the reporting person - See in	structions		
NAME OF SOURCE OF INCOME		JRCE'S DRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Lee County Boll	1500 monrae ST.	1500 MONTOS ST. FT. MYCIS 3390/		OUNTY GOV,	
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CART D. CECONDADV CONDCES OF					
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	
NIA					
PART C REAL PROPERTY [Land, buil (If you have nothing to report		n - See instructions]	and	NG INSTRUCTIONS for when where to file this form are	
NIA				ited at the bottom of page 2.  TRUCTIONS on who must file	
			this	form and how to fill it out in on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	cks, bonds, certificates of deposit, etc See ins e" or "n/a")	tructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES			
N/A					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
BOUL OF AMOUCO	Home mortgage				
	7				
PART F — INTERESTS IN SPECIFIED BUSINESSES [C (If you have nothing to report, write "none" NAME OF BUSINESS ENTITY		nesses - 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 (required):				
Mich	5-27-1				
If a certified bublic accountant licensed under Chapt he or she must complete the following statement:	ter 473, or attorney in good standing with the	ne Florida Bar prepared this form for you,			
I,	, prepared the CE Form 1 in acc reasonable knowledge and belief, the discl	cordance with Section 112.3145, Florida osure 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.

# 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.