2013 FORM 1 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position bolow: LAST NAME -- FIRST NAME -- MIDDLE NAME : 14JUN129N1046 SDE LEE COF1 MAILING ADDRESS CITY: COUNTY: e æ NAME OF AGENCY Enusion [ASV ENTION! NAME OF OFFICE OR POSITION HELD OR SOUGHT: Ommissioner You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. □ NEW EMPLOYEE OR APPOINTEE CHECK ONLY IF CANDIDATE OR **** 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): OR **DECEMBER 31, 2013** 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY NCOME 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 NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **ACTIVITY OF SOURCE BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] FILING INSTRUCTIONS for when (If you have nothing to report, write "none" or "n/a") 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 (Stoc (If you have nothing to report, write "none		nstructions] \
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
Stocks	VARIOUS MANY INJUSTRIES UARTOUS, MANY JUNISTRITIONS	
Bonds	VANTOUS MANY JUNIS	dictions
	, ,	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
NONE	N/A	
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none" of NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY		BUSINESS ENTITY # 2 NONE NA
POSITION HELD WITH ENTITY	1	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		1 .
NATURE OF MY OWNERSHIP INTEREST	V	
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE (required): DATE SIGNED (required):		
fam (! Soy	le_	6/10/14
If a certified public accountant licensed 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		
Signature		Date

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.

FILING 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.

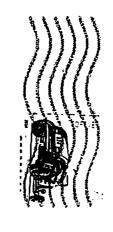
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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

BOX 147 CAPTIVA FL 33924

CENTRAL SAMEN LA

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

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