FORM 1	STATEMENT (	)F		2013
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS	FOR OFFICE L	ISE ONITY:
BROWER, DAVID SIMON 11550 ISLE OF PALMS DR FORT MYERS BEACH FL 339:	102676497			MAX27PH12
CITY: 2	IP: COUNTY:	<i>\v</i>		27PM1243 SOE LEE CO F
NAME OF AGENCY:  Ft Myers Ber  NAME OF OFFICE OF POSITION HELD OF  COMMISSI	R SOUGHT:	Dist		면
	this form. Attach additional sheets, if necessary.			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one): DECEMBER 31, 2013  MANNER OF CALCULATING REPORTA FILERS HAVE THE OPTION OF USING	REPORTING THRESHOLDS THAT ARE ABS IVE THRESHOLDS, WHICH ARE USUALLY	TAX YEAR, WHETHE IT IS FOR THE PRECE OTHER THAN THE CA	ER BASED ON A CALEDING TAX YEAR EN ALENDAR YEAR: UES, WHICH REQUI	NDING 
COMPARATIVE (PERC	ENTAGE) THRESHOLDS OR	DOLLAR VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF INCO! (If you have nothing to report,	RE [Major sources of income to the reporting pe write "none" or "n/a")	son - See instructions)		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	ADDRESS PRINCIPAL BUSINESS ACTIVITY		
Wife's Wages - Shell Po Investments - Morya	Seanly PO Box 286 Box	ol Fr. Myers	Kettrement	COMMUNILL ESECTENTS BAR
		7 / 1		-
PART B — SECONDARY SOURCES OF IN [Major customers, clients, and o (If you have nothing to report,	her sources of income to businesses owned by	he reporting person - Sec	e instructions]	
NAME OF N. BUSINESS ENTITY		ADDRESS F SOURCE	PRINCIPAL I	
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")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
		file ti	RUCTIONS on whis form and how begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "r	(Stocks, bonds, certificates of deposit, etc See instrunone" or "n/a")	ıctions]
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WH	IICH THE PROPERTY RELATES
None Exceed thres	hold	
	T	
PART E — LIABILITIES [Major debts - See instruct		
(If you have nothing to report, write "r	one" or "n/a")	
NAME OF CREDITOR	ADDRESS	OF CREDITOR
None Exceed Th	veshold	
PART F — INTERESTS IN SPECIFIED BUSINESSES	(Ownership or positions in certain types of busine	asses - See instructions]
(If you have nothing to report, write "no	ne" or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINE	ss	
NATURE OF MY OWNERSHIP INTEREST		
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHEE	ET, PLEASE CHECK HERE
SIGNATURE (required):	DATE SIGNED (red	quired):
TROP	<u> </u>	5/14
If a certified public accountant licensed under Ch	apter 473, or attorney in good standing with the	Florida Bar prepared this form for you, he or
she must complete the following statement:	congred the CF Form 1 in accordance	e with Section 112.3145, Florida Statutes, and
the instructions to the form. Upon my reasonable	knowledge and belief, the disclosure herein is tr	rue and correct.
Signature		Date
	FILING INSTRUCTIONS:	
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:
After completing all parts of this form, <u>including</u> signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	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.	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
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).	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.)	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.

## 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.

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

Facsimiles will not be accepted.

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.