FORM 1	STATEN	STATEMENT OF					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	3	FOR OFFICE USE ONLY:			
BUENO - KRISTI	LE NAME: THEPESE						
MAILING ADDRESS: 5242-4 CEDARBEND DR.			14JUN18	IAM 9 55 SOE LEE CO F1			
FORT MYERS	33919 LEE	5					
CITY:	ZIP: COUNTY:		/				
NAME OF AGENCY: SCHOOL INSTRICT LEE CO,							
NAME OF OFFICE OR POSITION HE		\\/	40				
You are not limited to the space on the li	_		11.				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE PM	9/6				
**** 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			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
J'CHOOL NOTPUCT LE	2-CO. 2855 COLINI	ML BLVD. 339	64 EDUCATION				
· · · · · · · · · · · · · · · · · · ·							
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 BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE				PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NONE							
	_						
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			
NONE		locate	ed at the bottom of page 2. RUCTIONS on who must file				
			this fo	orm and how to fill it out on page 3.			

DART D. INTANGING DEPOCALLY DEPOCALLY DESCRIPTION AND A SECOND DESCRIPT							
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						
NONE							
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non							
NAME OF CREDITOR	ADDRESS OF CREDITOR						
STONEGATE BANK	3021 AL	IZPORT	PULLING	G PA. NAPLES, FL 34105			
				· ·			
	-						
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	or "n/a")	ons in certain		inesses - See instructions] BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY	NONE						
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):						
morphon		le	.9.14				
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:							
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.							
	<u> </u>						
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:

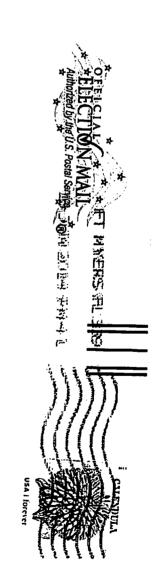
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment

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



SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

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