FORM 1	STATEM	STATEMENT OF			
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLI Burgess David					
MAILING ADDRESS: 23191 Fashion Dr. 1	F204			13Ju	
				13JUN219M0545 SDE	
ESKO FL	ZIP: COUNTY:		,	9459	
NAME OF AGENCY:			$\ \ /$	Ħ	
NAME OF OFFICE OR POSITION HEL Principal of Pat			V	Lee Cof	
You are not limited to the space on the lin	es on this form. Attach additional sheets,			<b></b>	
	OR NEW EMPLOYEE OR AF				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):	4SE STATE BELOW WHETHER THI	PRECEDING TAX YEAR, W IS STATEMENT IS FOR THE	HETHEI PRECE	R BASED ON A CALENDAR DING TAX YEAR ENDING	
DECEMBER 31, 20	_	TAX YEAR IF OTHER THAN	THE CA	ALENDAR YEAR:	
MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS (see instructions for further details).	S THE OPTION OF USING REPORT , OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USUA	RE ABSO ALLY BA	OLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES	
COMPARATIVE (PE	RCENTAGE) THRESHOLDS	DR DOLLAR	/ALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME [Major sources of income to th ort, you must write "none" or "n/a")	e reporting person - See instru	ctions)		
NAME OF SOURCE OF INCOME	ADDI	RCE'S RESS	P	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Le co-sahools Hillstoronge co. sch	2005 Colonial Blue	1.50A Myos 71.33964	PAC	ajou.	
Hillsborough co. sch	ODS 901 E. Kennedy	BIVE Targa Fr. 34607	Principal_		
			·		
	OF INCOME  nd other sources of income to business  port, write "none" or "n/a")	ses owned by the reporting pers	son - See	e instructions]	
NAME OF BUSINESS ENTITY			DRESS PRINCIPAL BUSINESS SOURCE ACTIVITY OF SOURCE		
DART C DEAL DRODERTY II and b	wildings award by the partition are	See in the stimul		<u> </u>	
	ort, you must write "none" or "n/a")		FILING INSTRUCTIONS for when and where to file this form are located at the bottom		
condo locatrol at: 231	41 Pashim or, Bage 4ero Ac 33978	> V/WT 204	of pa		
28TE10 70 75170				INSTRUCTIONS on who must file this form and how to fill it	
			out b	egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
	-						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
First Federal Bank of Honda		4705 W VS HWY 90 Cate City PL 32068					
			J				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  (If you have nothing to report, you must write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3							
	BOSINESS		BOSINESS ENTIT # 2	BUSINESS ENTITY#3 E			
NAME OF BUSINESS ENTITY		······································		33			
ADDRESS OF BUSINESS ENTITY		<u>.</u>		ம			
PRINCIPAL BUSINESS ACTIVITY				(TT)			
POSITION HELD WITH ENTITY				:E ()			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				1:			
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):							
D/Sugn 6/17/13 417/13							

# **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.

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/employed state officer, and specified state employ must file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must confirmed by the Senate must file prior confirmation, even if that is less than days from the date of their appointments.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

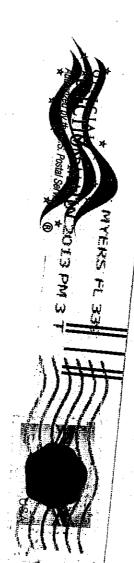
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold the positions.

Finally, at the end of office or employment, each local officer/employee, state officer, at 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 film of filing a CE Form 1 if he or she was in the position on December 31, 2012.

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



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