FORM 1	STATEM	STATEMENT OF		2013
Please print or type your name, mailing address, agency name, and position below.	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDD Burnside Carl Clifford	LE NAME :			
MAILING ADDRESS : 11060 Lakeland Circle				" 4
CITY: Fort Myers	ZIP: COUNTY: 33913 Lee			JPH()4
NAME OF AGENCY : School District of Lee County				A A A
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Principal				14AUG28PM04395JELEE (0 F1
You are not limited to the space on the II CHECK ONLY IF	nes on this form. Attach additional sheets OR NEW EMPLOYEE OR A	1 /		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20 MANNER OF CALCULATING REPO FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMP further details). CHECK THE ONE Y	EASE STATE BELOW WHETHER THE 113 OR ON SPECIFY PRIVABLE INTERESTS: EING REPORTING THRESHOLDS TO ARATIVE THRESHOLDS, WHICH AND OU ARE USING:	E PRECEDING TAX YEAR, WIS STATEMENT IS FOR THE TAX YEAR IF OTHER THAN HAT ARE ABSOLUTE DOLLA RE USUALLY BASED ON PE	HETHER PRECE THE CA IR VALL RCENTA	R BASED ON A CALENDAR DING TAX YEAR ENDING LENDAR YEAR: LES, WHICH REQUIRES FEWER AGE VALUES (see instructions for
<u>_</u>	ERCENTAGE) THRESHOLDS NCOME [Major sources of income to the company of the compa			THRESHOLDS
	port, write "none" or "n/a")	RCE'S I	-	SCRIPTION OF THE SOURCE'S
OF INCOME School District of Lee County	ADD	RESS Fort Myers, FL 33916	PRINCIPAL BUSINESS ACTIVITY K-12 Educator	
	2000 00000000	3.6,5.6.7. 2 333.13		
			_	
PART B — SECONDARY SOURCES [Major customers, clients, and the customers of	OF INCOME and other sources of income to busines: port, write "none" or "n/a")	ses owned by the reporting pers	on - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A		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	
	None		of pag	are located at the bottom ge 2.
			file th	RUCTIONS on who must is form and how to fill it egin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Stock (If you have nothing to report, write "none"		ections]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A	Ni	/A		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Wells Fargo	1000 Blue Gentian Road Suite 300 Eagan, Minnesota 55121			
		· · · · · · · · · · · · · · · · · · ·		
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ow (If you have nothing to report, write "none" or		sses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	_N/A			
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 SHEE	T, PLEASE CHECK HERE		
SIGNATURE (required):	DATE SIGNED (required):			
Carl C. Burnsedo	8-26-14			
If a certified public accountant licensed under Chapter she must complete the following statement:	473, or attorney in good standing with the F	Florida Bar prepared this form for you, he or		
t,	, prepared the CE Form 1 in accordance redge and belief, the disclosure herein is true	e with Section 112.3145, Florida Statutes, and ue 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, tocal officers/employees, state officers, and specified state employees are required to fife 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.