FORM 1	STATEM	IENT 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 MIDDLE NAME :					
CLOVER GEORI	Je Howard	<b></b>			
21501 wid	seew TER.				
FORT MYORG	Real 2707/				
CITY:	ZIP: COUNTY:	Lee			
NAME OF AGENCY:	Flee Coun	sty Schools	ļ		
27 diviniba		\\/			
NAME OF OFFICE OR POSITION HEL	OR SOUGHT :	Į V			
You are not limited to the space on the lin	s on this form, Attach additional sheets		,		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	PPOINTEE PM 6/	0		
	PARTS OF THIS SECT	ION MUST BE COMPL	ETED ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLE/					
EITHER (must-check one):					
DECEMBER 31, 201	3 <u>OR</u> SPECIFY	TAX YEAR IF OTHER THAN TH	E CALENDAR YEAR:		
MANNER OF CALCULATING REPORE FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPA further details). CHECK THE ONE YO	NG REPORTING THRESHOLDS T RATIVE THRESHOLDS, WHICH A	HAT ARE ABSOLUTE DOLLAR Y RE USUALLY BASED ON PERC	VALUES, WHICH REQUIRES FEWER ENTAGE VALUES (see instructions for		
′		OR DOLLAR VAL	UE THRESHOLDS		
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		ne reporting person - See instruction	ns]		
NAME OF SOURCE		RCE'S I	DESCRIPTION OF THE SOURCE'S		
OF INCOME		RESS	PRINCIPAL BUSINESS ACTIVITY		
District of Lec	Courty Colc	SUP TORCE	School Adm.		
			-		
PART B - SECONDARY SOURCES O	E INCOME		And the second second		
	d other sources of income to business	ses owned by the reporting person	- See instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NA					
	<u>-</u>				
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			ILING INSTRUCTIONS for hen and where to file this		
Home - From Man & Based form are located at the botto			orm are located at the bottom		
of page 2.					
			ISTRUCTIONS on who must le this form and how to fill it		
			ut begin on page 3.		

M

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "	(Stocks, bonds, certificates of deposit, etc See instr none" or "n/a")	uctions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
STOCK + BONDS	FRANKLIN T	empletal	
DADT 5 HADWITTE NAME AND ON THE			
PART E — LIABILITIES [Major debts - See instruction (if you have nothing to report, write "			
NAME OF CREDITOR ADDRESS OF CREDITOR			
morigage	Suncoast C	Redit union	
	-		
	S [Ownership or positions in certain types of busin	esses - See Instructions]	
(If you have nothing to report, write "no	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	N/A-		
ADDRESS OF BUSINESS ENTITY		<u></u>	
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 SHE	ET, PLEASE CHECK HERE	
If a certified public accountant licensed under Ch she must complete the following statement: I,	prepared the CE Form 1 in accordance	e with Section 112.3145. Florida Statutes, and	
Signature		Date	
	EH ING DISTRICTIONS		
WHAT TO FILE:	FILING INSTRUCTIONS:	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.	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.	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	
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, file with the Supervisor of the county where your	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	
NOTE: MULTIPLE FILING UNNECESSARY:	agency has its headquarters.)	at the same time they file their qualifying papers.	
Generally, a person who has filed Form 1 for calendar or fiscal year is not required to file second Form 1 for the same year. However, candidate who previously filed Form 1 because	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.	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.	
another public position must at least file a copy of his or her original Form 1 when qualifying.	Candidates file this form together with their qualifying papers.	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	
	To determine what category your position falls under, see the "Who Must File" Instructions on page 3.	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	
	Facsimiles will not be accepted.	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