FORM 1	STATEM	ENT OF			2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST		FOR OFFICE	USE ONLY:	
LAST NAME FIRST NAME MIDDLE  COO C. CL	JANGES FAMA	~				
MAILING ADDRESS:	ALILLE DALGE				*14F	
					IUG14	
CITY: FONT MY!	ZIP: COUNTY:	LEE			14AUG14AM1012SOE	
NAME OF AGENCY:  Edst Beneto Besch  NAME OF OFFICE OR POSITION HELD	20. CDD; LEE Co.	20/20			30E 1	
Suffaction  You are not limited to the space on the line		f necessary.			LEE ON E	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR AP	POINTEE	8/13	, , <u>.</u>	gazzá	
**** 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  SOURCE'S				SCRIPTION OF TH	E SOURCE'S	
OF INCOME  COASTOL ENTENINGE S.	ADDR		PRINCIPAL BUSINESS ACTIVITY  FL TSIN KENAGE CONSULTING			
	(635 0.00					
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report to the control of	other sources of income to business	es owned by the reporting	person - See	e instructions]		
NAME OF BUSINESS ENTITY				PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
14/2						
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		
1456 MONENO BUE, FONT MYENS. FL			form	form are located at the bottom of page 2.		
			file ti	RUCTIONS on this form and he	ow to fill it	

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, to (If you have nothing to report, write "none" or		etc See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
CASH	•	ENTENPMSE			
BOST		, ,			
CA~S		( ,			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or	"n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
GREEN THEE MONTGOGE		· ····			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Owner (If you have nothing to report, write "none" or "n		••	tructions] BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY	45/4				
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 C	ONTINUED ON A SEP	ARATE SHEET, PLEASE	CHECK HERE		
SIGNATURE (required):	DATE SIGNED (required):				
	8.1.	14-			
If a certified public apcountant licensed under Chapter 47 she must complete the following statement:	3, or attorney in good star	nding with the Florida Bar pr	repared this form for you, he or		
I,	_, prepared the CE Form of dge and belief, the disclos	I in accordance with Section ure herein is true and correct	112.3145, Florida Statutes, and ct.		
Signature		Date	9		
FI	LING INSTRUCTION	ONS:			

### 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.



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