FORM 1	STATEM	MENT OF	2013	
Please print or type your name, mailing address, agency name, and position below	FINANCIAI	L INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME: (00) Ley SUSAN BETH				
MAILING ADDRESS:			ئ م	
11309 OKI	OLE RD		4AUG	
FT. MYERS	FL 33967	LEE 6	119am	
CITY:	zip: county: 多 年400上 BD		1027	
NAME OF AGENCY:	DIRECTOR		30E1	
NAME OF OFFICE OR POSITION HEL			14AUG19AM1027 SDE LEE CO F	
You are not limited to the space on the line	s on this form. Attach additional sheet	s, if necessary.	,	
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE				
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD:				
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEAEITHER (must check one):				
DECEMBER 31, 201	3 <u>or</u> 🔲 specif	Y TAX YEAR IF OTHER THAN TH	E 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		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
LEE CO. SCHOOL DIST	1265731	N.AL (3/1/1)	CHNICAL & CAREEN EDUCATI	
FLORIDA RETINEMENT	SYSTEM SCHOOL SYN.	TC. M	PENSION	
-				
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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS 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")			ILING INSTRUCTIONS for then and where to file this	
NINE			orm are located at the bottom f page 2.	
			NSTRUCTIONS on who must le this form and how to fill it	
			ie this form and now to fill it ut begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stead of the control of the		ctions)	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHI	CH THE PROPERTY RELATES	
STOCKS BUNDS	MEMBERS TRUST CO.		
CD	SUNCOAST SCH. FED CREDIT UNION		
570 Cris	BE NCOR		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s]		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
SUNCOAST SCH CREDIT UNION			
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none" NAME OF BUSINESS ENTITY		sses - See instructions] BUSINESS ENTITY # 2	
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 AI	RE CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (required):		
Snow B Cooling	8/17/14		
If a certified public accountant licensed under Chap	ter 473, or attorney in good standing with the I	Florida Bar prepared this form for you, he or	
she must complete the following statement: I, the instructions to the form. Upon my reasonable kr	, prepared the CE Form 1 in accordance nowledge and belief, the disclosure herein is tr	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, 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