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 - MIDD	PCKIE L.	114	JUU3061	11101 SELECOFI	
MAILING ADDRESS:	r way Dr.				
for mies	FL 33912	Lee			
LEE COUNTY S	CHUUL DIFFICT	_			
NAME OF AGENCY: Pr~ C					
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT :				
You are not limited to the space on the li	nes on this form. Attach additional sheet OR NEW EMPLOYEE OR A		7/29		
	H PARTS OF THIS SECT	TON MUST BE COM	PLET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):					
DECEMBER 31, 20	013 <u>or</u> 🔲 specify	TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPO FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMP further details). CHECK THE ONE Y	SING REPORTING THRESHOLDS TARATIVE THRESHOLDS, WHICH A	THAT ARE ABSOLUTE DOLL RE USUALLY BASED ON PE	AR VALL ERCENTA	IES, WHICH REQUIRES FEWER AGE VALUES (see instructions for	
☐ 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	ADI	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
School Dirice	7 2875 Wo.0	L 3 UVO FM 3396	0	ADM. N. ITROIN	
			<del></del> -	·	
	OF INCOME and other sources of income to busines aport, write "none" or "n/a")	sses owned by the reporting per	rson - See	instructions)	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
AVID		9246 Lightwork	Ave	Aur	
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				are located at the bottom	
			INST	RUCTIONS on who must	
				is form and how to fill it egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "none		ctions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHI	CH THE PROPERTY RELATES		
2020				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Northwestern Education Can	POBOR 9460 WILKEY DAME PA 18773			
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none"		sses - See instructions) BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY	1 10			
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY	1 1			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH F AR	E CONTINUED ON A SEPARATE SHEE	ET, PLEASE CHECK HERE		
SIGNATURE (required):  DATE SIGNED (required):				
Jackie & Corey	- 7128/2	W14-		
If a certified public accountant licensed under Chapte she must complete the following statement:	er 473, or attorney in good standing with the I	Florida Bar prepared this form for you, he or		
I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true 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:

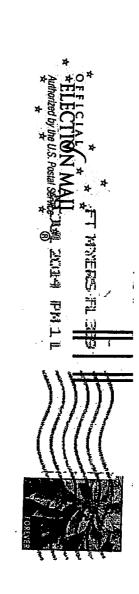
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment

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