FORM 1	STATEME	STATEMENT OF		2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL II	NTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLI	Daigle		' 14Jl	IN1OAM1136 SOE LEE CO F1	
MAILING ADDRESS: 10488 Vorks	,				
	77770				
Bonita Spring	ZIP: COUNTY: S 34/35 Le	ح			
NAME OF AGENCY: Benita Springs Fi		trict			
NAME OF OFFICE OR POSITION HEL	O OR SOUGHT:				
Fire Chief, Reti			, 1		
CHECK ONLY IF CANDIDATE	OR X NEW EMPLOYEE OR AP	POINTEE PM	6/9		
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUF YEAR OR ON A FISCAL YEAR. PLE					
EITHER (must check one): DECEMBER 31, 20	13 <u>or</u> 🗅 specify 1	TAX YEAR IF OTHER THA	N THE	CALENDAR YEAR:	
MANNER OF CALCULATING REP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	
FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPA	G REPORTING THRESHOLDS THA RATIVE THRESHOLDS, WHICH AR	rare absolute doll E usually based on	AR VAL PERCE	UES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions	
for further details). CHECK THE ONE COMPARATIVE (PE		DR Y DOLLA	AR VAL	UE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]					
(If you have nothing to repo	nt, write "none" or "ri/a) SOURC	E'S	DESCRIPTION OF THE SOURCE'S		
OF INCOME	ADDRE	SS	F	PRINCIPAL BUSINESS ACTIVITY	
					
			-		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to rep	d other sources of income to businesses	owned by the reporting per	rson - Se	e instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
•	Zental Incom		aa,	nomest.	
			3	per	
PART C REAL PROPERTY (Land, bu		ee instructions]	and v	G INSTRUCTIONS for when where to file this form are	
		* .	INST	ed at the bottom of page 2. RUCTIONS on who must file	
		<u> </u>		form and how to fill it out n on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [St	ocks, bonds, certificates of deposit, etc See ins	tructions]			
(If you have nothing to report, write "non		\			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
PART F — INTERESTS IN SPECIFIED BUSINESSES ((If you have nothing to report, write "none") NAME OF BUSINESS ENTITY		nesses - 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 ARE	CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (required): DATE SIGNED (required): (a) (b) (4)					
If a certified public accountable licensed under Char	oter 473, or attorney in good standing with the	ne Florida Bar prepared this form for you,			
he or one must complete the following statement: 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

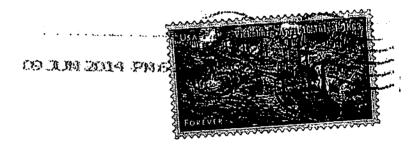
or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

27701 Bonita Grande Dr Bonita Fire, Fr 34135



Supervisor of Elections Sharon L. Harrington P.O. Box 2545 Fort Myers, FL 33902

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