FORM 1	STATEMENT O	F _	2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS	FOR OFFICE USE ONLY:	
DAZA FIBST NAME MIDDLE	NAME EDWARD			
MAILING ADDRESS:	Now DR	]		
N FT Mysts	ZIP: COUNTY:		7.4 4	
LOCAR PLANNIA	of Assency; Life Count	<u> </u>	1 ;   TT     TD     Funds     Funds	
NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD	R /	1	PMO20	
		1	714FEB11PM02(09SDE)_EE ()	
	s on this form. Attach additional sheets, if necessary.  OR NEW EMPLOYEE OR APPOINTEE			
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****				
	FINANCIAL INTERESTS FOR THE PRECEDING SE STATE BELOW WHETHER THIS STATEMEN			
DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:				
	G REPORTING THRESHOLDS THAT ARE ABSOL RATIVE THRESHOLDS, WHICH ARE USUALLY E			
☐ 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	SOURCE'S ADDRESS	) "	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Retirement tenso	State of Florida	State of Florida So.		
SOUND STUNING	US SWERMONT		SOVERNMENT SOVERNMENT	
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, BUSINGS ENTITY		RESS DURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A				
	dings owned by the reporting person - See instructions	]		
(If you have nothing to report, write "none" or "n/a")		FILI	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
HUMOGEAL		INST	INSTRUCTIONS on who must file this form and how to fill it out	
			n on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	ocks, bonds, certificates of deposit, etc See instructions]  le" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Money MARKET	SUN 10057			
JANESIMENT ACCOUNT	EDWARD JAMES			
/				
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non	•			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NONE				
	F			
PART F — INTERESTS IN SPECIFIED BUSINESSES [  (If you have nothing to report, write "none"	Ownership or positions in certain types of businesses - See instructions]  or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	1 <b>/</b> (/) <b>/</b> /=			
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 OF₁PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE □				
SIGNATURE (required):	DATE SIGNED (required):			
If a cartified public accountant licensed under Chan	oter 473, or attorney in good standing with the Florida Bar prepared this form for you,			
he or she must complete the following statement:	1			
1. WAYN= DACTLY	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.