FORM 1	STATEM	ENT OF	2013		
Please print or type your name, mailing address, agency name, and position bet	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDD DEMMING LOCAL MAILING ADDRESS:	LENAME:		Y30PM 2 30 SDE LEE CO FV		
108 NE 12	in CT				
Cape Coral	ZIP: COUNTY:	LEF			
Lape Coral 33909 LET  NAME OF AGENCY:  Let COUNTY SCITOOLS					
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :				
You are not limited to the space on the I CHECK ONLY IF  CANDIDATE	PPOINTEE	5/29			
**** 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 REPORTION OF USE CALCULATIONS, OR USING COMPUTATIONS, OR USING COMPUTATIONS, CHECK THE ONE NEW COMPUTATIONS.	ING REPORTING THRESHOLDS T ARATIVE THRESHOLDS, WHICH A	HAT ARE ABSOLUTE DOLLAI RE USUALLY BASED ON PER	R VALUES, WHICH REQUIRES FEWER RCENTAGE VALUES (see instructions for		
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS					
	NCOME (Major sources of income to the port, write "none" or "n/a")	ne reporting person - See instruct	ions)		
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lee County School	5 2855 Colon	nal Blud	Education,		
Fes'			Activement		
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")			FILING INSTRUCTIONS for when and where to file this		
N/A			form are located at the bottom of page 2.		
<u> </u>		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

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WHAT TO FILE:	FILING INSTRUC	TIONS: WHEN T	O FILE:		
Signature			ate		
she must complete the following statement:   I, the instructions to the form. Upon my reasonable kno	, prepared the CE Fo	rm 1 in accordance with Secti	on 112.3145. Florida Statutes. and		
If a certified public accountant licensed under Chapte		-29 -14	prepared this form for you he or		
SIGNATURE (required):	DATE SIGNED (required):				
IF ANY OF PARTS A THROUGH F AR	E CONTINUED ON A S	EPARATE SHEET, PLEAS	SE CHECK HERE		
NATURE OF MY OWNERSHIP INTEREST					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
POSITION HELD WITH ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
ADDRESS OF BUSINESS ENTITY					
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none" o			Instructions] BUSINESS ENTITY # 2		
/- ///	<u> </u>	•	· · · · · · · · · · · · · · · · · · ·		
NA					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none  NAME OF CREDITOR	 " or "n/a")	ADDRESS OF CREDIT	OR		
SAVINGS	SUNCOUST	School Cree	l. + UNION		
Retirement		the Southwe			
BENCOT - Retire ment			2 urities		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART D — INTANGIBLE PERSONAL PROPERTY [Sto		posit, etc See instructions]			
<del></del>					

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.

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.

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.

Gerald B. Demming 108 NE 12th Ct. Cape Coral, FL 33909

TO ME PERSONAL VANCOR

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545