FORM 1	STATEM	STATEMENT 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 - MIDDLE I	AME:	*1.	- 4JUN	3 PM 5 46 SOE LEE CO F1
MAILING ADDRESS: LUCKEDE	wdonce W.	Ay		
		7		
FORT MYERS	ZIP: COUNTY: 1 33913	vil1	,	
NAME OF AGENCY: COLONIAL	CDD			
NAME OF OFFICE OR POSITION HELD (HAS)	OR SOUGHT:			
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O		1 And 1	12	
	PARTS OF THIS SECT	ON MUST BE COMP	LETI	ED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS				
EITHER (must check one): DECEMBER 31, 2013	OR SPECIFY	TAX YEAR IF OTHER THAN T	HE CA	LENDAR YEAR:
MANNER OF CALCULATING REPORTS FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPARS further details). CHECK THE ONE YOU	REPORTING THRESHOLDS T ATIVE THRESHOLDS, WHICH A	HAT ARE ABSOLUTE DOLLAR RE USUALLY BASED ON PER	VALU	ES, WHICH REQUIRES FEWER AGE VALUES (see instructions for
		OR O DOLLAR V	LUE .	THRESHOLDS
PART A PRIMARY SOURCES OF INCO		e reporting person - See instructi	onsj	
NAME OF SOURCE OF INCOME		RCE'S RESS		SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
MORGAN Stanley	NYC, N.	K. 7	LNU	estnews 70°6
45 GOUT.	WASLINGTON	DC - SESJARTH -	<u>Soci</u>	AL SECUPITY 15%
GENERAL MILLS	MINN. Mi	HNESOTA 1	24	ipment: 8%
COLOVIKL CDD	Foret my 4825	FL	<u></u>	00 7%
PART B — SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to busines	ses owned by the reporting perso	n - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	!	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
				-
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	
9216 Independence WAY				are located at the bottom
	l l			RUCTIONS on who must
				is form and how to fill it egin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "	(Stocks, bonds, certificates of deposit, etc See instr none" or "n/a")	uctions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
				
	6 N/A			
	¥ 1 ·			
PART E — LIABILITIES [Major debts - See instruc (If you have nothing to report, write "i				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
	10			
	N/A			
(If you have nothing to report, write "no	(Ownership or positions in certain types of busing or "n/a") BUSINESS ENTITY # 1	esses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINE	ss	†		
NATURE OF MY OWNERSHIP INTEREST		<u> </u>		
	ARE CONTINUED ON A SEPARATE SHE	ET. PLEASE CHECK HERE		
SIGNATURE (required):	DATE SIGNED (re	equired):		
If a certified public accountant licensed under Ch she must complete the following statement: I, the instructions to the form. Upon my reasonable	, prepared the CE Form 1 in accordance	ce with Section 112.3145, Florida Statutes, and		
Signature		Date		
	FILING INSTRUCTIONS:			
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:		
After completing all parts of this form, <u>including</u> signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	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	initially, each local officer/employee, state-officer, and specified state employee must file within 30 days of the date of his or her appointment		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s). NOTE:	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.)	or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is tess 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.		
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	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.	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.		
another public position must at least file a copy of	Candidates file this form together with their	Finally, at the end of office or employment, each local officer/employee, state officer, and specified		

qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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. PAGE 2

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

his or her original Form 1 when qualifying.





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

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