| FORM 1 | STATEM | ENT OF | | 2013 | |
|--|---|--|---|---|--|
| Please print or type your name, mailing address, agency name, and position belo | FINANCIAL | INTERESTS | | FOR OFFICE USE ONLY: | |
| LAST NAME FIRST NAME MIDDL Detscher M | ENAME: Brooke | - '14 | — JUN 2 | PM 1 59 SDE LEE CO F1 | |
| MAILING ADDRESS: 1803 Ardmore | Rd | | | | |
| | | | , | | |
| CITY: F4 Myers | zip: county: 33901 Lee | | | | |
| NAME OF AGENCY: Lee Cty H35toxic NAME OF OFFICE OR POSITION HE | Preservation B | oard | | | |
| Chair / mem | sec | | . 1 | | |
| You are not limited to the space on the lin CHECK ONLY IF CANDIDATE | | · · · // · / / | 5/ | 30 | |
| **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: | | | | | |
| THIS STATEMENT REFLECTS YOU! YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): | R FINANCIAL INTERESTS FOR THE ASE STATE BELOW WHETHER TH | E PRECEDING TAX YEAR, WI IS STATEMENT IS FOR THE | HETHER PRECEI | R BASED ON A CALENDAR DING TAX YEAR ENDING | |
| ☑ DECEMBER 31, 20 | | 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 You | ING REPORTING THRESHOLDS TARATIVE THRESHOLDS, WHICH A | HAT ARE ABSOLUTE DOLLA RE USUALLY BASED ON PER | R VALU | PES, WHICH REQUIRES FEWER AGE VALUES (see instructions for | |
| COMPARATIVE (PI | ERCENTAGE) THRESHOLDS | OR DOLLAR V | ALUE | 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 SOURCE'S OF INCOME ADDRESS | | • | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| Florida South Western St | atelallege 8099 Coll | ege Pkwy | MSt | of higher ad | |
| | | | | | |
| | | | | | |
| 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 | |
| NA | | | | | |
| · | | <u> </u> | _ | <u> </u> | |
| PART C REAL PROPERTY [Land, I | puildings owned by the reporting perso | n - See instructions] | en 4. | C INSTRUCTIONS (| |
| (If you have nothing to report, write "none" or "n/a") | | | when | G INSTRUCTIONS for and where to file this | |
| 2729 Providence Street, For Mars 33916 form are located at the bottom of page 2. | | | | | |
| 3488 E KIVERSOL | 0 1FCC | INSTRUCTIONS on who must file this form and how to fill it | | | |
| | | | out b | 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 | | | | |
| IRAS bank acits | Sumport Fed Credit Union | | | | |
| MAR IN A | Bencor | | | | |
| - Mary 1707 | | | | | |
| PART E — LIABILITIES [Major debts - See instruc (If you have nothing to report, write "I | | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | | |
| Suncoast Souls Fed Credit | (huor | | | | |
| | 1 | | | | |
| | | | | | |
| | Ownership or positions in certain types of busin | esses - See instructions] | | | |
| (If you have nothing to report, write "no | ne" or "n/a") BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | | | |
| NAME OF BUSINESS ENTITY | NA | NA | | | |
| 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 | | | | | |
| IF ANY OF PARTS A THROUGH F | ARE CONTINUED ON A SEPARATE SHE | ET, PLEASE CHECK HERE | | | |
| SIGNATURE (required): Lasab Seh 5/26/2014 | | | | | |
| If a certified public accountant licensed under Ch | apter 473, or attorney in good standing with the | Florida Bar prepared this form for you, he or | | | |
| she must complete the following statement: | | | | | |
| I, | , prepared the CE Form 1 in accordance knowledge and belief, the disclosure herein is t | e with Section 112.3145, Florida Statutes, and true and correct. | | | |
| , | | | | | |
| Signature | | Date | | | |
| | | | | | |
| WHAT TO FILE: | FILING INSTRUCTIONS: WHERE TO FILE: | WHEN TO FILE: | | | |
| After completing all parts of this form, including | If you were mailed the form by the Commission | Initially, each local officer/employee, state officer. | | | |
| signing and dating it, send back only the first sheet (pages 1 and 2) for filing. | on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. | 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: | 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 less than 30 days from the date of their appointment. Candidates for publicly-elected local office must file | | | |
| 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. | 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. | | | |
| another public position must at least file a copy of his or her original Form 1 when qualifying. | Candidates file this form together with their qualifying papers. To determine what category your position falls | 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 | | | |

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

Facsimiles will not be accepted.

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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.

Detscher 1803 Ardmore Rd. Rt. Myers, Ft 33901

Supernsor of Elections 70 Box 2545 Fort Myers, FL 33902

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