| 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 - MIDDI DIAKE, SA/H MAILING ADDRESS: | E NAME: | | | | |
| 1339 Oaklawn | Gt. | | | | |
| Fort Myers | FL 33919 Lee ZIP: COUNTY: | | | *14APF | |
| NAME OF AGENCY: | / \ | <u>C </u> | | 22 4 <u>4</u> 4 <u>4</u> | |
| NAME OF OFFICE OR POSITION HE | | Sistaict | | 14APR24AM101750ELEE (0 | |
| You are not limited to the space on the lim | on an this form. Attach additional charts | M nonconne | | | |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OR A | | | - O | |
| **** 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 REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING: 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 SOURCE OF INCOME SOURCE'S PRINCIPAL BUSINESS ACTIVITY DENIVITE HOWES OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY DENIVITE HOWES OF INCOME BUSINESS ACTIVITY | | | | | |
| | | | | | |
| | OF INCOME nd other sources of income to businessort, write "none" or "n/a") NAME OF MAJOR SOURCES | ses owned by the reporting per | son - See | Instructions] PRINCIPAL BUSINESS | |
| BUSINESS ENTITY | OF BUSINESS' INCOME | OF SOURCE | | ACTIVITY OF SOURCE | |
| N/A | | | | | |
| | | | | | |
| 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 form are located at the bottom of page 2. | | |
| | | | file th | EUCTIONS on who must is form and how to fill it gain on page 3. | |

| PART D — INTANGIBLE PERSONAL PROPERTY (Sto | | ctions] . | | | |
|---|---|---|--|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| / <u>X/A</u> | | | | | |
| The Money Source (Home mortgar) | 135 Maxess Rd. Metrille, LY 11747 | | | | |
| THE MUNICIPALITY AND THE MUNICIPALITY | 100 miles | | | | |
| PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none | | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | | |
| -14-1 | | | | | |
| THE MONEY Source (Home mortgage) | as 135 Maxess Nd., Melville, NY 11747 | | | | |
| | • | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none" | | sses - See instructions] BUSINESS ENTITY # 2 | | | |
| NAME OF BUSINESS ENTITY | X/A | | | | |
| 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 AR | E CONTINUED ON A SEPARATE SHEE | T, PLEASE CHECK HERE | | | |
| SIGNATURE (required): | DATE SIGNED (required): | | | | |
| Sh Nih | 4/22/ | · / # | | | |
| If a certified public accountant licensed under Chapte she must complete the following statement: | | <u> </u> | | | |
| I, the instructions to the form. Upon my reasonable kno | , prepared the CE Form 1 in accordance by | with Section 112.3145, Florida Statutes, House and correct. | | | |
| Signature | | Date | | | |
| | EILING 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.

FILING INSTRUCTIONS:

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

Sorche
LENNAR°

10481 Ben C Pratt/6 Mile Cypress Pkwy.

Fort Myers, FL 33966

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Lee County Supervisor of Elections P.O. Box 2545 Fort Myers, FC 33902

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