FORM 1	STA	STATEMENT OF			2013
Please print or type your name, mailing address, agency name, and position belo	FINAN	CIAL INTE	RESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE DRAKE, DACTUM				-	4SE203AM 1027 SOE LEE CO FT
MAILING ADDRESS: 1339 Oaklawn C			1		
	33919	LEE			
CITY:	ZIP: CO	OUNTY:			
NAME OF AGENCY: Paleamo CDD		1./			
NAME OF OFFICE OR POSITION HE	.D OR SOUGHT :	- V			
SuperVI30(You are not limited to the space on the limited to the space of the limited to the limited t	se on this form Attach addi	tional chasts if nacassary	_	01	
CHECK ONLY IF CANDIDATE	_	OYEE OR APPOINTEE	PM	4/2	
	H PARTS OF THE	S SECTION MUST	BE COMP	LET	ED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUI YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):					
DECEMBER 31, 20	13 <u>OR</u> 🗖	SPECIFY TAX YEAR IF	OTHER THAN	THE CA	ALENDAR 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 (PI	RCENTAGE) THRESH	IOLDS OR 🔼	DOLLAR V	ALUE	THRESHOLDS
PART A PRIMARY SOURCES OF II (If you have nothing to rep			son - See instruc	ions]	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			SCRIPTION OF THE SOURCE'S
Lewrar Homes	<u>10481 Six</u>	Mile Cypiess Blod.	FT-MYCD	/	Home Builder
		<u> </u>			
PART B SECONDARY SOURCES	DE INCOME				
	nd other sources of incom-	e to businesses owned by th	e reporting perso	n - See	instructions)
NAME OF BUSINESS ENTITY			DDRESS SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NIA					
•					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					G INSTRUCTIONS for and where to file this
NIA					are located at the bottom
					RUCTIONS on who must
					is form and how to fill it egin on page 3.

	<u> </u>				
PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "none		ctions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A					
PART E — LIABILITIES [Major debts - See instructions (if you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
NIA					
PART F — INTERESTS IN SPECIFIED BUSINESSES [C (If you have nothing to report, write "none"		sses - See instructions] BUSINESS ENTITY # 2			
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):				
Mr/Sue	9/2/2014				
If a certified public accountant licensed under Chapte she must complete the following statement: I,	, prepared the CE Form 1 in accordance	with Section 112.3145, Florida Statutes, and			
ше папаснова со ше юпи. Орон ту геазоварю ких	wedge and belief, the disclosure herein is the	ue 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 <u>not</u> relieve the filer of fiting a CE Form 1 if he or she was in their position on December 31, 2013.

to Dake

10481 Six Mile Cypress Parkway LeeCollier Homebuilding Ft. Myers, FL 33966





900E E02T 0000 0522 ET02



\$ 06.48° | \$ 06.48° | \$ 0.02905452 | \$ 0.02905452 | \$ 0.02905452 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 | \$ 0.02905 |

Fort Myers, FC 33901

հովերիկոլիս հովերիկի հուրաբարանում անուրակությունների հուրաբարանում և հուրաբարանում և հուրաբարանում և հուրաբար