FORM 1	STATEM	STATEMENT OF				
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDDL DUNCAW David MAILING ADDRESS:	E NAME :		_			
MAILING ADDRESS: 17280 Frank	Rd			/13J		
ALVIA, I-L 33 CITY: Fart Myers Shores Fix NAME OF AGENCY:	3920 Lee ZIP: COUNTY: Le + Rescue Service I	District		13JUN179M0940 SDE LEE COF		
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :			₩ 00F		
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	os on this form. Attach additional sheets, OR NEW EMPLOYEE OR AP	•		part		
**** BOTI DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):	ASE STATE BELOW WHETHER THIS	PRECEDING TAX YEAR, WH	ETHE RECE	R BASED ON A CALENDAR EDING TAX YEAR ENDING		
MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS 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 IN (If you have nothing to rep	COME [Major sources of income to the ort, you must write "none" or "n/a")	e reporting person - See instructi	ons]			
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Fort Myers Shores Fire 12345 Palm Beach BI Protection + Rescue Fort myers, FL 33905						
,						
Service district						
PART B SECONDARY SOURCES C [Major customers, clients, an (If you have nothing to rep	d other sources of income to businesse	es owned by the reporting person	n - See	e instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	· · · · · · · · · · · · · · · · · · ·		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/n			<u>.</u>			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBLE	<u> </u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/14						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a") NAME OF CREDITOR ADDRESS OF CREDITOR ADDRESS OF CREDITOR						
NAME OF CREDITOR	<u> </u>	ADDRESS OF CREDITOR				
14	45.5 20.5					
			<u> </u>			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3						
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY	, /					
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY	A					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		-				
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):		DATE SIGNED (required):				
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.

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/employed state officer, and specified state employed must file within 30 days of the date his or her appointment or of the beginning of employment. Appointees who must confirmed by the Senate must file prior confirmation, even if that is less than days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file the 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 the positions.

Finally, at the end of office or employme t, each local officer/employee, state officer, a d 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 firm of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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FORT MYERS SHORES FIRE DEPT.

12345 PALM BEACH BLVD. S.E. FORT MYERS, FL 33905

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Supervisor of Elections PO Box 2545

Ft. Myers, FL 33902-2545

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