FORM 1	STATEM	IENT OF		2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERES	TS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME : Findel Richard M. cleel			14JUN129#104750ELEE(0FI		
MAILING ADDRESS: 3203 Antica St					
Ft. Myors 33905 Lee		ر		/	
City of Ft. Myers, Fire Department					
NAME OF AGENCY: Pension Brand Trustee - Ft Myes Fire Department			\ /		
NAME OF OFFICE OR POSITION HEI	.D OR SOUGHT : '		$\bigvee$		
You are not limited to the space on the lin CHECK ONLY IF  CANDIDATE	nes on this form. Attach additional shee		m 6/11		
				TED ****	
**** 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, 20	013 <u>OR</u> 🗆 SPECIF	FY TAX YEAR IF OTHE	R THAN THE	CALENDAR YEAR:	
MANNER OF CALCULATING REF FILERS HAVE THE OPTION OF USII CALCULATIONS, OR USING COMP for further details). CHECK THE ONI	NG REPORTING THRESHOLDS T ARATIVE THRESHOLDS, WHICH	'HAT ARE ABSOLUTE ARE USUALLY BASE	DOLLAR VAI D ON PERCI	LUES, WHICH REQUIRES FEWER ENTAGE VALUES (see instructions	
☐ 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 OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
pbl Scrukes	5893 Enterprise Parkan	7. Ft. Myon, FL	A-se	Asset Marstenans	
<del></del>			_		
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 SOURC		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY (Land, bu	uildings owned by the reporting perso	n - See instructions]	<u> </u>		
(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.		
		INSTRUCTIONS on who must file this form and how to fill it out			
		•	—— begi	n on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stoc (If you have nothing to report, write "none"		structions)		
TYPE OF INTANGIBLE				
NA		-		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NA	NA			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Or (If you have nothing to report, write "none" or NAME OF BUSINESS ENTITY		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 ARE	CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required):	NATURE (required):			
M M	6/10/14			
If a certified public accountant licensed under Chapte he or she must complete the following statement:	er 473, or attorney in good standing with t	he Florida Bar prepared this form for you.		
I, Statutes, and the instructions to the form. Upon my re	, prepared the CE Form 1 in ac easonable knowledge and belief, the disc	cordance with Section 112.3145, Florida closure herein is true 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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

Fimbel
3203 Antica St.
Ft. Myers, FL 33905

FT MYERS FL 339
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Supervisor of Elections **Sharon L. Harrington** P.O. Box 2545 Fort Myers, FL 33902

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