FORM 1

STATEMENT OF

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1014111		ILIVI OI			
Please print or type your name, mailing address, agency name, and position be	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
FORSTER	ROBERT J.				
MAILING ADDRESS: 2632 SW 46 TH ST PO BOY 100058			THE STATE OF THE S		
			A		
CITY: ZIP COUNTY:			RECEIVED		
CAPE CORAL 33910 LEE			JUN 2 7 2014 Elections		
CAPE CORAL GE PENSION FUND			Louis County Laboratory		
NAME OF OFFICE OR POSITION HELD OR SOUGHT:			The state of the s		
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.					
CHECK ONLY IF CANDIDA	TE OR NEW EMPLOYEE OF	RAPPOINTEE .	7. V		
	**** 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 <u>OR</u> ☐ 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'S			DESCRIPTION OF THE SOURCE'S		
FORSTER ASSOC		DOOS 8	PRINCIPAL BUSINESS ACTIVITY		
PORSVER ASSOC	CAPE CORAL		ADJUSTER		
	339/0		7,7203(2.		
	22.11				
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		
NONE	NONE	NONE	NONE		
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					
RESIDENCE NOME			located at the bottom of page 2.		
2632 SW 46 TH ST.			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
CAPE CORAL, FL 33914					

					
PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"	ks, bonds, certificates of deposit, etc	- See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NONE	NONE	311			
		PECEIVED RECEIVED			
(OLLO)		JUN 27 2014			
PART E — LIAB PATIES [Major debts - See instructions]	4 14 1 145	Lee County Elections			
(If famave nothing to report, write "none"	·	(a) K			
NAME OF CREDITOR 19		ADDRESS OF CREDITOR			
Weys FARGO	DALLAS, TX	18663 FEET			
[3]	<u> </u>				
PART F - INTERESTS IN THE PROPERTY BUSINESSES (O	wnership or positions in certain type	s of businesses - See instructions			
(If you have nothing to report, write "none" o	or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	D03114233 E141111 # 1	BOSINESS 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 SEPARAT	E SHEET PLEASE CHECK HERE			
SIGNATURE (required):	DATE SIGNED (required):				
	06/3	27/14			
If a partified public accountant licensed under Chapter	_				
If a certified public accountant licensed under Chapter 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 with Section 112.3145, Florida					
Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure 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.