| FORM 1  | STATEM                                | IENT OF                 |   | 2013  |  |
|---|---------------------------------------|-------------------------|---|---|--|
| Please print or type your name, mailing address, agency name, and position below:   | FINANCIAL                             | INTERESTS               |   | FOR OFFICE USE ONLY:                                    |  |
| LAST NAME FIRST NAME MIDD   |                                       |                         |   |   |  |
| FRANCESCHINI - KU   | best-David                            |                         | JUN19P  | M012550E LEE (0)F1                                      |  |
| 1248 Burt   | wood Drive                            |                         |   |   |  |
|   | ZIP: COUNTY:                          |                         |   |   |  |
| Fort Myens  |                                       |                         |   |   |  |
| Lee County Brand & County Commissioners   |                                       |                         |   |   |  |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT:  |                                       |                         |   |   |  |
| Trocuremen  | t Director                            |                         | AL  | <i>(</i>  |  |
| You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.   |                                       |                         |   |   |  |
| CHECK ONLY IF CANDIDATE   | OR NEW EMPLOYEE OF                    | RAPPOINTEE              |   |   |  |
| DISCLOSURE PERIOD:<br>THIS STATEMENT REFLECTS YOU<br>YEAR OR ON A FISCAL YEAR. PL   |                                       | THE PRECEDING TAX YEAR  | R. WHET   | HER BASED ON A CALENDAR                                 |  |
| EITHER (must check one):  |                                       |                         | A B 1 TT 1 TT 1   | CALENDAD VEAD.  |  |
| DECEMBER 31, 2  | 013 <u>OR</u> 🗅 SPECI                 | FY TAX YEAR IF OTHER TH | AN IME (  | JALENDAR 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 (F  | PERCENTAGE) THRESHOLDS                | OR C DOLL               | AR VAL  | JE THRESHOLDS   |  |
| DADT A DDIMARY SOURCES OF INCOME (Maior sources of income to the constitution of income to the  |                                       |                         |   |   |  |
| 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<br>OF INCOME   | · · · · · · · · · · · · · · · · · · · | SOURCE'S<br>ADDRESS     |   | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |  |
|   |                                       |                         |   | <del></del>   |  |
| <u> </u>  | None                                  | Nove                    |   |   |  |
|   |                                       |                         |   |   |  |
|   |                                       |                         |   |   |  |
| 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   | NAME OF MAJOR SOURCES                 | ADDRESS                 |   | , PRINCIPAL BUSINESS                                    |  |
| BUSINESS ENTITY   | OF BUSINESS' INCOME                   | OF SOURCE               |   | ACTIVITY OF SOURCE                                      |  |
|   |                                       |                         |   |   |  |
|   | None                                  |                         |   |   |  |
| <u> </u>  |                                       |                         |   |   |  |
| 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. |   |  |
|   |                                       |                         |   | ed at the bottom of page 2.  RUCTIONS on who must file  |  |
| Nove  |                                       |                         | this f  | orm and how to fill it out<br>on page 3.                |  |
| ,   |                                       |                         |   | on page 3.  |  |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]  (If you have nothing to report, write "none" or "n/a")   |   |  |  |  |  |
|--|---|--|--|--|--|
| TYPE OF INTANGIBLE   | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |  |  |  |  |
| Bank Accounts  | Surcorot Schools Credit (Union)               |  |  |  |  |
| BMK Azcamts  | 5 fth Thind Bank                              |  |  |  |  |
|  |   |  |  |  |  |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")   |   |  |  |  |  |
| NAME OF CREDITOR   | ADDRESS OF CREDITOR                           |  |  |  |  |
|  |   |  |  |  |  |
|  | Nove  |  |  |  |  |
|  |   |  |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES   (If you have nothing to report, write "none"  |   | inesses - See instructions)  BUSINESS ENTITY # 2 |  |  |  |
| ADDRESS OF BUSINESS ENTITY   |   |  |  |  |  |
| PRINCIPAL BUSINESS ACTIVITY  |   |  |  |  |  |
| POSITION HELD WITH ENTITY  | Nove  |  |  |  |  |
| 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):   |   |  |  |  |  |
| The same of the sa |   |  |  |  |  |
| 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.

## <u>FILING INSTRUCTIONS:</u>

#### 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.