FORM 1		STATEM	ENT OF		2013
Please print or type your name, mailing address, agency name, and position be	ow:	FINANCIAL	INTERESTS	$s \; \Gamma$	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDD Fraser, Andrea Rosemarie	LE NAME	<b>:</b>			
MAILING ADDRESS : P.O. Box 398					ئىر 4.
				1	14JUN16PM
CITY: Fort Myers	ZIP :				
NAME OF AGENCY: Lee County Board of County Co	mmissi	oners		/	¥
NAME OF OFFICE OR POSITION H	LD OR S	OUGHT :	-		(1   EE (1)
You are not limited to the space on the CHECK ONLY IF   CANDIDATE		s form. Attach additional sheets,  NEW EMPLOYEE OR A	,		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (must check one): DECEMBER 31, 2  MANNER OF CALCULATING REPORT FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COME further details). CHECK THE ONE	JR FINAN EASE ST 013 ( DRTABLE BING RE PARATIVE YOU ARE	ATE BELOW WHETHER TH DR	PRECEDING TAX YEAR, V IS STATEMENT IS FOR THI TAX YEAR IF OTHER THAI HAT ARE ABSOLUTE DOLL RE USUALLY BASED ON P	WHETHER PRECE NTHE CA AR VALUERCENTA	R BASED ON A CALENDAR DING TAX YEAR ENDING  ALENDAR YEAR:
PART A PRIMARY SOURCES OF	NCOME	(Major sources of income to th	e reporting person - See instr	uctions]	
NAME OF SOURCE OF INCOME		SOU	RCE'S RESS		SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY
Lee County BOCC		P.O. Box 398 Fort	Myers, FL 33902		Government
			<u> </u>		-
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	and other	sources of income to business	ses owned by the reporting pe	rson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A					
· · · · · · -					
PART C REAL PROPERTY [Land, (If you have nothing to re			- See instructions]	when form of pag	G INSTRUCTIONS for and where to file this are located at the bottom ge 2.
				file th	is form and how to fill it

PART D — INTANGIBLE PERSONAL PROPERTY (St	ocks, bonds, certificates of deposit, etc See instru	ctions)		
TYPE OF INTANGIBLE	1	OU THE DROBERTY BELLTO		
N/A	BUSINESS ENTITY TO WHI	CH THE PROPERTY RELATES		
		<del></del>		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Chase Home Mortgage	P.O. Box 24696 Columbus, OH 43224-0696			
PART F — INTERESTS IN SPECIFIED BUSINESSES [ (If you have nothing to report, write "none"	or "n/a") BUSINESS ENTITY # 1	sses - See instructions) BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	N/A			
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 AI	RE CONTINUED ON A SEPARATE SHEE	ET, PLEASE CHECK HERE		
SIGNATURE (required):	DATE SIGNED (red	quired):		
Budren R. Fuser	6-12-20	14		
If a certified public accountant licensed under Chap she must complete the following statement:	, prepared the CE Form 1 in accordance	e with Section 112.3145, Florida Statutes, and		
the instructions to the form. Upon my reasonable kr	iowiedye and belief, the disclosure nefelh is tr	ue and confect.		
Signature		Date		
	FILING INSTRUCTIONS:			
WHAT TO FILE:	WHERE TO FILE:	WHEN 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.

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.

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.