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 MIDDLE	NAME: Michael		
MAILING ADDRESS: 244 DINDLAM	<b>Rus</b>		14.
			TH-02
Estere	ZIP: COUNTY:	ue /	NEC PROPERTY OF THE PROPERTY O
NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD  SUPERVISOR	Bonth Springs (	CDD JA	14]ULOSAROSEASECEE (OH
You are not limited to the space on the line	OR NEW EMPLOYEE OR	1 0 M 1	12 <sup>3</sup>
DISCLOSURE PERIOD:	PARTS OF THIS SECT		
YEAR OR ON A FISCAL YEAR. PLEATING (must check one):			WHETHER BASED ON A CALENDAR E PRECEDING TAX YEAR ENDING
DECEMBER 31, 20°		TY TAX YEAR IF OTHER THAN	THE CALENDAR YEAR:
MANNER OF CALCULATING REPOSITION OF USING CALCULATIONS, OR USING COMPATOR for further details). CHECK THE ONE	IG REPORTING THRESHOLDS T ARATIVE THRESHOLDS, WHICH	HAT ARE ABSOLUTE DOLLAR ARE USUALLY BASED ON PI	R VALUES, WHICH REQUIRES FEWER ERCENTAGE VALUES (see instructions
<b>_</b> '	ERCENTAGE) THRESHOLDS	OR CI DOLLAR	R VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		he reporting person - See instruc	itions]
NAME OF SOURCE OF INCOME	ADD	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Pulte Group	24311 Walder Bonita Sp	Center De.	Residential
	Bonita Sp	ings 34134	Construction
	<u> </u>		
	d other sources of income to business	ses owned by the reporting perso	on - See instructions]
(If you have nothing to repo NAME OF BUSINESS ENTITY	ort, write "none" or "n/a")  NAME OF MAJOR SOURCES  OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA	Or Boomers and	<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
NA			located at the bottom of page 2.  INSTRUCTIONS on who must file this form and how to fill it out
			this form and now to fill it out begin on page 3.

		· <del>-</del>		
PART D — INTANGIBLE PERSONAL PROPERTY [Sto	•	etc See instructions]	1	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
<b>\</b> \				
	<del></del> .			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	•			
	, or way			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
way Mac Dame	D 7000 4DDLC	LNOCHIC HT	85062	
Citi Mortgage	to Box 627196	Ves Maines	1A 50638	
USAA	1 Corporate De	Suite 360	Leb Froich 1260	
PART F — INTERESTS IN SPECIFIED BUSINESSES [( (If you have nothing to report, write "none"			instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	10ne -			
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 SEPAR	ATE SHEET, PLEAS	SE CHECK HERE	
SIGNATURS (required):	DATE SIGNED (required):			
() 1 <del>60</del>	16	0/14		
If a certified public accountant licensed under Chap he or she must complete the following statement:	ter 473, or attorney in good star	nding with the Florida B	ar prepared this form for you,	
I.	, prepared the CE For	m 1 in accordance w	ith Section 112.3145, Florida	
Statutes, and the instructions to the form. Upon my	reasonable knowledge and beli	ef, the disclosure herei	n is true and correct.	
Signature			Date	
	FILING INSTRUCTION	<u>iS:</u>		

# 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

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

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