FORM 1

		-	~
7	:0	1	3

Please print or type your name, mailing

address, agency name, and position bel	OW:	FINANCIAL		100 PM	28 6	FOR FILE SE ONLY:
LAST NAME - FIRST NAME - MIDD	LE NAME	:				
Hirshman, Lawrence				*14.1	IAN22PM	041250ELeeCoFICO
MAILING ADDRESS :				- '-		
!624 Pine valley Dr. #104						
			IIN	C		NED
CITY:	ZIP:	COUNTY:	UIT			M Las las
Ft. Myers, Florida 339	907	Lee			. —	
NAME OF AGENCY: South Trail Fire Department						
NAME OF OFFICE OR POSITION HE Commissioner	ELD OR S	DUGHT :				
You are not limited to the space on the I	ines on this	form. Attach additional sheets,	if necessary.			
CHECK ONLY IF 🔲 CANDIDATE	OR	NEW EMPLOYEE OR AP	POINTEE			
**** BO1	H PAR	TS OF THIS SECTI	ON MUST BE	COM	PLET	ED ****
DISCLOSURE PERIOD:						
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one):	JR FINAN EASE STA	CIAL INTERESTS FOR THE ATE BELOW WHETHER THI	PRECEDING TAX S STATEMENT IS	YEAR, W FOR THE	VHETHEI PRECE	R BASED ON A CALENDAR DING TAX YEAR ENDING
	013 <u>c</u>	R SPECIFY	TAX YEAR IF OTH	ER THAN	THE CA	LENDAR YEAR:
MANNER OF CALCULATING REPO FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMP	SING REF	ORTING THRESHOLDS TH	IAT ARE ABSOLU	TE DOLL	AR VALU	JES, WHICH REQUIRES FEWER AGE VALUES (see instructions for
further details). CHECK THE ONE						(000 0000000000000000000000000000000000
COMPARATIVE (F	PERCENT	AGE) THRESHOLDS	er 🚨 r	OLLAR	VALUE	THRESHOLDS
PART A PRIMARY SOURCES OF (If you have nothing to re	INCOME port, writ	Major sources of income to the	e reporting person -	See instru	ictions]	
NAME OF SOURCE OF INCOME		SOUF ADDF				SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Social Security						
Oregon Teacher's Pension (PE	RS)					
PART B — SECONDARY SOURCES [Major customers, clients, (If you have nothing to re	and other	sources of income to business	es owned by the rep	porting per	son - See	e instructions]
NAME OF BUSINESS ENTITY		OF MAJOR SOURCES BUSINESS' INCOME	ADDRI OF SOL			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
n/a						
PART C - REAL PROPERTY [Land, (If you have nothing to re			- See instructions]			G INSTRUCTIONS for and where to file this
1624 pine Valley Dr. # 104 Ft. Myers Fl. 33907					are located at the bottom	
					INCTI	RUCTIONS on who must
					file th	nis form and how to fill it
					out h	egin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	cks. bonds, certificates of deposit, etc ee state	citas,
(if you have nothing to report, write "none	e" or "n/a")	ZII_IMII
TYPE OF INTANGIBLE	BUSINESS ENTITY TO ME	CHITTE ROLE Y LEVE
Rollover IRA	PLP Finance Cover	F DEC. 5 26 1 1 1 1 1 1
Money Market Account	Suncoast Schools F	ederal credit Union
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	;] a" or "n/a")	NSIGNED
NAME OF CREDITOR	ADDRESS C	OF CREDITOR
n/a		
PART F — INTERESTS IN SPECIFIED BUSINESSES [(sses - See instructions]
(If you have flowing to report with those	BUSINESS ENTITY # 1	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 AR	RE CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE
SIGNATURE (required):	DATE SIGNED (red	uired):
If a partitional mobile assessment licenseed under Chant	470 as attames in good standing with the E	Charida Day associated this form for you he or
If a certified public accountant licensed under Chapte she must complete the following statement:	er 473, or attorney in good standing with the r	-londa Bar prepared this form for you, he or
I, Lawrence Hirshman the instructions to the form. Upon my reasonable known	, prepared the CE Form 1 in accordance	with Section 112.3145, Florida Statutes, and
the instructions to the form. Upon my reasonable kno	owledge and belief, the disclosure herein is tru	ue and correct.
James Hujban		1/22/14
Signature		Date Date

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.

FILING INSTRUCTIONS:

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.

FORM 1

STATEMENT OF

	G	N		2013
400				

Please print or type your name, mailing

FINANCIAL INTERISTS

		FINANCIAL		A C	- A	FUNDIFICE USE ONLY:
LAST NAME FIRST NAME MIDE	DLE NAME	;				_
Hirshman, Lawrence				*141		041250ELee CoFL
MAILING ADDRESS :				<u>1</u> ₩0	LH #T [1.1	OATE SEE ETTO- 1-1
!624 Pine valley Dr. #104						40
				1		
CITY:	ZIP:	COUNTY:				
Ft. Myers, Florida 33	907	Lee				
NAME OF AGENCY : South Trail Fire Department						
NAME OF OFFICE OR POSITION H Commissioner	ELD OR S	OUGHT :				
You are not limited to the space on the	lines on this	form. Attach additional sheets,	if necessary.			
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**** 50**	ELL DAE	TO OF THE OFOT	ON MUCT D		DIET	
DISCLOSURE PERIOD:	IH PAF	RTS OF THIS SECT	ION MOST B	E COM	PLE	=D ****
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL	UR FINAN	CIAL INTERESTS FOR THE	PRECEDING TAX	YEAR, W	HETHER PRECEI	R BASED ON A CALENDAR DING TAX YEAR ENDING LENDAR YEAR:
EITHER (must check one):						R
☑ DECEMBER 31, 2	2013	OR SPECIFY	TAX YEAR IF OTI	HER THAN	THE CA	LENDAR YEAR:
						F
MANNER OF CALCULATING REP- FILERS HAVE THE OPTION OF U CALCULATIONS, OR USING COM	SINC DE	CONTING THRESHOLDS TO	HAT ARE ABSOLU RE USUALLY BAS	JTE DOLLA	AR VALU	IES, WHICH REQUIRES FEWER
further details). CHECK THE ONE	YOU ARE	USING:				
COMPARATIVE (I	PERCENT	AGE) THRESHOLDS	OR 🛄	DOLLAR '	VALUE .	THRESHOLDS
PART A - PRIMARY SOURCES OF (If you have nothing to re			ne reporting person	- See instru	ctions]	
(If you have nothing to n NAME OF SOURCE		e "none" or "n/a") SOUI	RCE'S	- See instru	DES	SCRIPTION OF THE SOURCE'S
(If you have nothing to n NAME OF SOURCE OF INCOME		e "none" or "n/a") SOUI		- See instru	DES	SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
(If you have nothing to n NAME OF SOURCE OF INCOME Social Security	eport, writ	e "none" or "n/a") SOUI	RCE'S	- See instru	DES	
(If you have nothing to n NAME OF SOURCE OF INCOME	eport, writ	e "none" or "n/a") SOUI	RCE'S	- See instru	DES	
(If you have nothing to n NAME OF SOURCE OF INCOME Social Security	eport, writ	e "none" or "n/a") SOUI	RCE'S	- See instru	DES	
(If you have nothing to n NAME OF SOURCE OF INCOME Social Security	eport, writ	e "none" or "n/a") SOUI	RCE'S	- See instru	DES	
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PART D — INTANGIBLE PERSONAL PROPERTY [Store (If you have nothing to report, write "none	cks, bonds, certificates of deposit, etc See instruce" or "n/a")	CONED LEADING		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHIC	CH THE PROPER WATER AT LATE CASE		
Rollover IRA	PLP Financial Flower			
Money Market Account	Suncoast Schools Fo	ederal credit Union		
PART E LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none	:] ∍" or "n/a")			
NAME OF CREDITOR	ME OF CREDITOR ADDRESS OF CREDITOR			
n/a				
PART F INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none" o		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 AR	RE CONTINUED ON A SEPARATE SHEE	ET, PLEASE CHECK HERE		
SIGNATURE (required):	DATE SIGNED (reg	nuired):		
Januce Hush		2/14		
If a certified public accountant licensed under Chapte she must complete the following statement:		ا اسم		
I. Lawrence Harshman the instructions to the form. Upon my reasonable known	, prepared the CE Form 1 in accordance owledge and belief, the disclosure herein is tru	with Section 112.3145, Florida Statutes, and ue and correct.		
James Houston		1/22/14		
Signature		Date		
	<u> </u>			

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SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA

PHYSICAL ADDRESS	MAILING ADDRESS
LEE COUNTY CONSTITUTIONAL COMPLEX	please send all correspondence to this address
2480 THOMPSON STREET 3RD FLOOR	P O BOX 2545
FORT MYERS FL 33901	FORT MYERS FL 33902-2545
MAIN OFFICE	FAX
239 LEE VOTE	239-533-6310
239-533-8683	WEBSITE www.leeelections.com

111347636

TO: Local Officer

HIRSHMAN, LAWRENCE

#104

FROM: Bernie Feliciano

1624 PINE VALLEY DR

bfeliciano@leeelections.com

Filing Officer

FORT MYERS FL 33907

RE

Incomplete Form 1 Statement of Financial Interest for 2013

You recently filed your Form 1 Statement of Financial Interests for 2013 with the office of the Lee County Supervisor of Elections. The form is incomplete. The following <u>information is missing</u> from the form:

◆ Signature and/or Date

You are required to file a SIGNED and DATED form. We are returning, to you, a copy of the original form you filed for your signature and date. Return the signed and dated form immediately in order to comply with the signature and date requirements for Form 1 Statement of Financial Interests.

Please use the postage-paid envelope provided to return the signed and dated form. You may call 239-533-630 if you have any questions.

Enclosures:

Copy of <u>Original Form 1 Statement Of Financial Interests for 2013 for Signature and/or Date</u>

Postage Paid Return Envelope

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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888

