FORM 1	STATEMENT O	F 2013	
Please print or type your name, mailing address, agency name, and position below.	FINANCIAL INTER	FOR OFFICE USE ONLY:	
	LENAME: NETH 3.	14JUL079M1009 SUE LEE CO F1	
MAILING ADDRESS: 7015 HOWAR	D ROAD		
BOKEELIA	33922 LEE		
CITY:	ZIP: COUNTY:		
NAME OF AGENCY :			
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :	$\rfloor \bigvee$	
You are not limited to the space on the CHECK ONLY IF CANDIDATE	nes on this form. Attach additional sheets, if necessary.  OR NEW EMPLOYEE OR APPOINTEE	Om 7/2	
		DE COMPLETED ****	
**** 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, 2	013 <u>OR</u> • SPECIFY TAX YEAR IF O	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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
HONE Excavation	TERS 7015 HOWARD RD, BOK	EELIA, FZ EXCAVATING	
COASTAL HARBOR CHĀ	DIERS 7015 HOWARD RP, BOK	EGUA, FL FISHING GUIDE	
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		PRESS PRINCIPAL BUSINESS OURCE ACTIVITY OF SOURCE	
_			
PART C PEAL PROPERTY (I and I	uildings owned by the reporting person - See instructions		
(If you have nothing to rep	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
7015 LOWARD TO	INSTRUCTIONS on who must file this form and how to fill it out		
	<del>-</del>	begin on page 3.	

· <del>-</del>				
PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "non-		ctions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
PART E — LIABILITIES (Major debts - See instructions (If you have nothing to report, write "none	s] e" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  (If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	POUDELLA PARTHERS, LC			
ADDRESS OF BUSINESS ENTITY	130-1 Pondesia Rd, CC, 33909			
PRINCIPAL BUSINESS ACTIVITY	REDTAL			
POSITION HELD WITH ENTITY	SHAREHOLDER			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	15%			
NATURE OF MY OWNERSHIP INTEREST	FINESTMENT			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required):	DATE SIGNED (required):			
If a partition in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section in the section in the section is a section in the	to 472 or ottomore in good standing with the	Clorido Par proposed this form for your		
If a certified public accountant licensed under Chap he or she must complete the following statement:	ter 475, or attorney in good standing with the	rionua par prepared this form for you,		
1. KENNETH S. HONK	, prepared the CE Form 1 in acco	rdance with Section 112.3145, Florida		
Statutes, and the instructions to the form. Upon my	reasonable knowledge and belief, the disclos	sure herein is true and correct.		
Lenor He	<u></u>	7/1/2014		
Signature		Date		

## WHAT TO FILE:

After completing all parts of this form, <u>Including</u> 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:

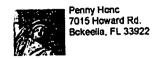
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment

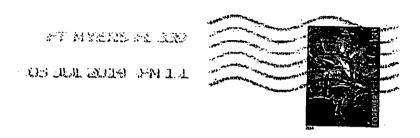
or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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





Superwisor of Elections P.O. Box 2545 John Myers, Dea. 33902

33902254545