FORM 1

STATEMENT OF

2013

	FINANCIAL		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME :		
HUTCHCTAFT MAILING ADDRESS: T	MITCHEL	<u>- A</u>	
71 -7 -	(~		
3602 Lover	SIAL LOUTZ		
FT. MYERS	33913 LEE	<u> </u>	
CITY!	ZIP: COUNTY:	i	
NAME OF AGENCY:	STWIN		
MEMBER			
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:	Ì	
You are not limited to the space on the line	on this form. Attach additional sheets	i. if necessary.	
	DR NEW EMPLOYEE OR A		
**** BOTH	PARTS OF THIS SECT	ION MUST BE COMP	PLETED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR			
YEAR OR ON A FISCAL YEAR. PLEA	SE STATE BELOW WHETHER TH	IS STATEMENT IS FOR THE	PRECEDING TAX YEAR ENDING
EITHER (must check one): DECEMBER 31, 2013	3 <u>or</u> 🗖 specify	TAX YEAR IF OTHER THAN	THE CAI ENDAR YEAR;
MANNER OF CALCULATING REPOR	TABLE INTERESTS:		· · · · · · · · · · · · · · · · · · ·
FILERS HAVE THE OPTION OF USIN	G REPORTING THRESHOLDS T	HAT ARE ABSOLUTE DOLLA	R VALUES, WHICH REQUIRES FEWER RCENTAGE VALUES (see instructions for
further details). CHECK THE ONE YOU	JARE USING:		·
		·	ALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		ne reporting person - See instruct	tions]
NAME OF SOURCE	soui	RCE'S	DESCRIPTION OF THE SOURCE'S
KING RANCH		DNIAL CT	PRINCIPAL BUSINESS ACTIVITY
TO FIND	Fu Mysm	5 F- 2 33913	trakter inte
	1 6 1	^ -	
			1
PART B SECONDARY SOURCES OF			
	other sources of income to business		on - See instructions]
[Major customers, clients, and (If you have nothing to repo	other sources of income to business ort, write "none" or "n/a") NAME OF MAJOR SOURCES	ses owned by the reporting person	on - See instructions] PRINCIPAL BUSINESS
[Major customers, clients, and (If you have nothing to repo	other sources of income to business ort, write "none" or "n/a")	ses owned by the reporting perso	
[Major customers, clients, and (If you have nothing to repo	other sources of income to business ort, write "none" or "n/a") NAME OF MAJOR SOURCES	ses owned by the reporting person	PRINCIPAL BUSINESS
[Major customers, clients, and (If you have nothing to repo	other sources of income to business ort, write "none" or "n/a") NAME OF MAJOR SOURCES	ses owned by the reporting person	PRINCIPAL BUSINESS
[Major customers, clients, and (If you have nothing to repo	other sources of income to business ort, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ses owned by the reporting person ADDRESS OF SOURCE	PRINCIPAL BUSINESS
[Major customers, clients, and (If you have nothing to repo	other sources of income to business ort, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ses owned by the reporting person ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for
[Major customers, clients, and (If you have nothing to report NAME OF BUSINESS ENTITY	other sources of income to business ort, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ses owned by the reporting person ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
[Major customers, clients, and (If you have nothing to report NAME OF BUSINESS ENTITY	other sources of income to business ort, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ses owned by the reporting person ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE FILING INSTRUCTIONS for when and where to file this
[Major customers, clients, and (If you have nothing to report NAME OF BUSINESS ENTITY	other sources of income to business ort, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ses owned by the reporting person ADDRESS OF SOURCE n - See instructions]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must
[Major customers, clients, and (If you have nothing to report NAME OF BUSINESS ENTITY	other sources of income to business ort, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ses owned by the reporting person ADDRESS OF SOURCE n - See instructions]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no		e instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
FIDELITY HOIK	PERSON/AL		
SCOTTEADE UBS 4014,)RA	1		
PANGBURN			
PART E — LIABILITIES [Major debts - See instructio (If you have nothing to report, write "no			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
WELLS FARGE			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none		businesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	NI /A	DOGINEGO ENTITI # 2	
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	5		
NATURE OF MY OWNERSHIP INTEREST	<u> </u>		
IF ANY OF PARTS A THROUGH F A	RE CONTINUED ON A SEPARATE	SHEET, PLEASE CHECK HERE	
SIGNATURE (required):	<u>DATE SIGNED</u>	(required):	
MEr	1	-15-14	
If a certified public accountant licensed under Cha she must complete the following statement:			
l, the instructions to the form. Upon my reasonable l	, prepared the CE Form 1 in acco knowledge and belief, the disclosure here	rdance with Section 112.3145, Florida Statutes, al in is true and correct.	
Signature		Date	
	FILING INSTRUCTIONS:		
WHAT TO FILE:	WHERE TO FILE:	WHEN 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.

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 with 30 days of the date of his or her appointment

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

Candidates for publicly-elected local office must at the same time they file their qualifying papers.

Thereafter, local officers/employees, state office and specified state employees are required to by July 1st following each calendar year in whathey 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 (Fill all 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.