FORM 1		STATEMENT OF				2013		
Please print or type your name, mailing address, agency name, and position below	ow:	FINANCIAL	INTERE	ESTS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MII					_			
KIMBALL EDWARD								
MAILING ADDRESS: 2753 Days BWD					14MAY299#111350E LEE CO F1			
		· <del>-</del>	· G					
FORT MYRES 33905 LEE COUNTY:								
FORT MYERS SHORES - FIRE & RESCHE DISTRICT								
NAME OF AGENCY:	,			'	<b>V</b>			
NAME OF OFFICE OR POSITION HELD OR SOUGHT:								
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.					1/2	7		
CHECK ONLY IF CANDIDAT	E OR	NEW EMPLOYEE OR	APPOINTEE	PM 5	<u> </u>	<u></u>		
**** BO	TH PA	ARTS OF THIS SECT	ION MUST E	BE COMP	LET	TED ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	OLID EII	NANCIAL INTERESTS FOR T	HE PRECEDING	TAY VEAR IA	/HET	HER RASED ON A CALENDAR		
YEAR OR ON A FISCAL YEAR.								
EITHER (must check one):		00 0 0000	3/ TAVVEAD (5.0)	Y) (FFD Y) (AA)	D (C /	OAL ENDAD VEAD		
DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF 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 CO	CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:							
·		ENTAGE) THRESHOLDS	OR 🖬	DOLLAR	VAL	UE THRESHOLDS		
2 John Marit II Engenment Minediated VII & Datem Mare Interiored								
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		SOURCE'S		,	, DESCRIPTION OF THE SOURCE'S			
OF INCOME		ADDRESS			PRINCIPAL BUSINESS ACTIVITY			
VERIZON-PAN	5102				Co	MMUNICATION		
5.5. PENSION	1				G	OV'T - 4.5.		
FIRST BANK-CEE	ار ۽ جر	),J	<del></del>		B	7HXING		
PART B SECONDARY SOURCE		COME ner sources of income to busines	ses owned by the re	nodina person	- See	e instructions)		
(If you have nothing to			302 Sm. 00 Sy (110 10	porting poroun				
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDR			PRINCIPAL BUSINESS		
BOSINESS ENTITY	<u>'</u>	OF BUSINESS INCOME	OF SO	URCE		ACTIVITY OF SOURCE		
			<del></del>					
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			
27 57 500 5 700 5 700 5					and where to file this form are located at the bottom of page 2.			
2253 DAVIS BLUD FT. MYRKS 33905					INSTRUCTIONS on who must file this form and how to fill it out			
					begin on page 3.			

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "non	ocks, bonds, certificates of deposit, etc See inside" or "n/a"\	tructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A					
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non-					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
N/A					
PART F — INTERESTS IN SPECIFIED BUSINESSES [In (If you have nothing to report, write "none"		BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	10,14	F1) [+			
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 SEPARATE SHE	ET. PLEASE CHECK HERE			
SIGNATURE (required):	required):				
Edward Kimber	5/24/20				
If a certified public accountant licensed under Chap he or she must complete the following statement:	ter 473, or attorney in good standing with the	ne Florida Bar prepared this form for you,			
,	, prepared the CE Form 1 in acc reasonable knowledge and belief, the discl	cordance with Section 112.3145, Florida osure herein is true and correct.			
Signature		Date			
	FILING INSTRUCTIONS:				
	HILING ENSTRUCTIONS.				

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

K. KIMBALL

YYSTS DAVIS BLUD

FT. MYRRS, FL. 33905



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