FORM 1	STATEMENT OF			2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDL KOSINSKI JESE					
MANUNO ADDDECC				4JUN 2 PM 1 59 SOE LEE CO F1	
Fort Myers Bed		LeeCo		/	
Town of Fort	ZIP: COUNTY: Myers Beac	6		/	
NAME OF AGENCY: MEI	nber				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT:	\			
You are not limited to the space on the lin	es on this form. Attach additional shee OR NEW EMPLOYEE OR				
**** BOTH	PARTS OF THIS SECT	ION MUST BE COM	 /IPLE1	——————————————————————————————————————	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU! YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	R FINANCIAL INTERESTS FOR TI	HE PRECEDING TAX YEAR	R, WHET	HER BASED ON A CALENDAR	
DECEMBER 31, 20	13 <u>OR</u> 🗓 SPECIF	Y TAX YEAR IF OTHER THA	N THE C	CALENDAR YEAR:	
MANNER OF CALCULATING REP FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	IG REPORTING THRESHOLDS TO ARATIVE THRESHOLDS, WHICH I	HAT ARE ABSOLUTE DOLL ARE USUALLY BASED ON	AR VALI PERCEI	JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions	
□ COMPARATIVE (PI	ERCENTAGE) THRESHOLDS	OR X DOLLA	AR VALI	JE THRESHOLDS	
PART A PRIMARY SOURCES OF IN	COME (Major sources of income to the prt, write "none" or "n/a")	he reporting person - See instr	uctions)		
NAME OF SOURCE OF INCOME	ADD	PRCE'S PRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
JC Kosinski Engineering I	ne 195 Gulfview Ave,	Ft Myers Buh FL	Engineering		
		3.57.57			
		<del></del>			
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	d other sources of income to busines:	ses owned by the reporting per	son - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A		_			
7					
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 located at the bottom of page 2.		
	N/A		INSTRUCTIONS on who must file this form and how to fill it out		
				on page 3.	

BUSINESS ENTITY # 2  ALA  BEET, PLEASE CHECK HERE  (required):  MAY 3 1 2014  107 T C 1444  The Florida Bar prepared this form for you,		
BUSINESS ENTITY # 2  ALA		
BUSINESS ENTITY # 2  ALA  BEET, PLEASE CHECK HERE  (required):  MAY 3 1 2014		
BUSINESS ENTITY # 2  ALEET, PLEASE CHECK HERE  (required):  MAY 3 1 2014		
BUSINESS ENTITY # 2  NA  BEET, PLEASE CHECK HERE		
BUSINESS ENTITY # 2		
nusinesses - See instructions]		
<u> </u>		
(11441 07163		
PO BOX 65250 SAIT Lake City 4T 84165		
ADDRESS OF CREDITOR		
WHICH THE PROPERTY RELATES		
instructions]		

# 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.