

# FORM 1X AMENDMENT TO FORM 1

## STATEMENT OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 1):

Leon Richard Andrew

MAILING ADDRESS:

1009 SW 35 St

Cape Coral 33914

CITY:

ZIP:

COUNTY:

Lee

◆ THIS FORM 1X AMENDS THE FORM 1 (Statement of Financial Interests) I FILED FOR THE YEAR: 2012

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Cape Coral City Council District 4

◆ WITH THIS GOVERNMENTAL AGENCY: City of Cape Coral

### MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

☒ DOLLAR VALUE THRESHOLDS

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### PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
CVS Pharmacy Inc	1 CVS Drive Woonsocket RI 02895	Pharmacy
	889 NE 27th AVE Cape Coral FL 33909	Food Service

### 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, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

### PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")

N/A
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### PART D -- INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, you must write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF  
BUSINESS ENTITY

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

N/A

**PART G — EXPLANATION OF CHANGES**

First Report did not have "Dollar Value Thresholds" checked.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE:**

**DATE SIGNED:**

10/03/2013

**FILING INSTRUCTIONS:**

**WHERE TO FILE:**

Return the form to the location where you filed the Form 1 that you are seeking to amend.

**Local officers** should have filed with the Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor of the county where your agency had its headquarters.)

**State officers' or specified state employees'** forms should be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** should have filed their Form 1 together with their qualifying papers.

**QUESTIONS:**

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864.

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**INSTRUCTIONS FOR COMPLETING FORM 1 X:**

**INTRODUCTORY INFORMATION** (At Top of Form):

**NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY:** Use the same information as on the original Form 1 you are seeking to amend.

**MAILING ADDRESS:** Use your current mailing address.

**MANNER OF CALCULATING REPORTABLE INTERESTS:** Check the box that corresponds to the type of thresholds you used for the original Form 1 you are seeking to amend.

**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 1, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

**PART G:**

Use this section of the form to explain the changes you are making in your original Form 1.