FORM 1		STATEMENT OF			2014		
Please print or type your name, mailing address, agency name, and position below	:	FINANCIAL INTERES	STS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MID	DLE N	ME:					
LEWIS PATRI	1	7 5R					
MAILING ADDRESS:							
708 NE JEH		FRACE					
		<u> </u>			Di		
CAPE CONAL		11P: 33909 COUNTY: LEE			24-06		
NAME OF AGENCY:	UNE	MENT MANAGEMENT	/		<u>, , , , , , , , , , , , , , , , , , , </u>		
NAME OF OFFICE OR POSITION I	ELD O	R SOUGHT :					
		MENT ANALYST			至09:1		
·		n this form. Attach additional sheets, if necessary.	\ /				
CHECK ONLY IF	OF	NEW EMPLOYEE OR APPOINTEE	V		<u></u>		
**** BO	н Р/	ARTS OF THIS SECTION MUST BE	E COMDI	LET	ED ****		
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):		· · · · · · · · · · · · · · · · · · ·	io i ole iii E	111	OLDING IAN ILAN LINDING		
DECEMBER 31,	2014	OR SPECIFY TAX YEAR IF OTH	HER THAN T	HE C	ALENDAR YEAR: 2014		
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:							
		ENTAGE) THRESHOLDS OR	DOLLARY	VAL I	JE THRESHOLDS		
OOMI AIATIVE	(	ENTAGE) TIRESHOLDS OR	DOLLAR	VALU	I THRESHOLDS		
PART A PRIMARY SOURCES OF (If you have nothing to		IE [Major sources of income to the reporting person - write "none" or "n/a")	See instruction	ons]	under die der Germanne von der der Germanne der Germanne der Germanne der Germanne der Germanne der Germanne d		
NAME OF SOURCE		source's	1	DE	SCRIPTION OF THE SOURCE'S		
OF INCOME		ADDRESS		PI	RINCIPAL BUSINESS ACTIVITY		
	٠.						
PART B SECONDARY SOURCE	OĖIN	COME	of the second		and the second s		
	and o	her sources of income to businesses owned by the rep	oorting person	- See	instructions]		
NAME OF.	N	ME OF MAJOR SOURCES ADDRE		ı	PRINCIPAL BUSINESS		
BUSINESS ENTITY	· 	OF BUSINESS' INCOME OF SOU	IRCE .	• .	ACTIVITY OF SOURCE		
			,				
PART C - REAL PROPERTY ILand	buildi:	gs owned by the reporting person - See instructions]	A APPRICATE TO THE PERSON	A TALONDER AN	er even magnetisken er en kommen even som som kommen en even en en even en er even en er even en er even en ev		
(If you have nothing to report, write "none" or "n/a")					G INSTRUCTIONS for when there to file this form are		
					ed at the bottom of page 2.		
					RUCTIONS on who must file		
<u> </u>					orm and how to fill it out on page 3.		
l			1				

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non		s of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	_ ·	BUSINESS ENTITY TO V	WHICH THE PROPERTY RELATES			
11/1.A						
fr V I						
PART E — LIABILITIES [Major debts - See instruction:	_1					
(If you have nothing to report, write "non						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
1 //1						
17/17						
DIONESCO I						
PART F — INTERESTS IN SPECIFIED BUSINESSES [6] (If you have nothing to report, write "none"	or "n/a")		inesses - See instructions]			
	BUSINESS	S ENTITY # 1	BUSINESS ENTITY #2			
NAME OF BUSINESS ENTITY	NI	<del>4</del>	<u> </u>			
ADDRESS OF BUSINESS ENTITY	10/	<del>9</del>	9:1			
PRINCIPAL BUSINESS ACTIVITY	10/1	<u>// ,                                  </u>	5			
POSITION HELD WITH ENTITY	A/A					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	1/1	<u>//</u>				
NATURE OF MY OWNERSHIP INTEREST	<i>  //,</i>	H				
IF ANY OF PARTS A THROUGH F ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILE	R:	CPA or ATTO	ORNEY SIGNATURE ONLY			
Signature:		If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,				
Date Signed:			f, the disclosure herein is true and correct.			
6/19/2015		CPA/Attorney Signature:  Date Signed:				
FILING INSTRUCTIONS:						
FILING 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:**

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. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

## 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, 2014.