FORM 1	STATEN	MENT OF		2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LIENESCH, K	NAME: PAUL			DIMETO .	
MAILING ADDRESS: 9042 FALLING				.01#10324 SJ€ Lee (0 F)	
· · · · · · · · · · · · · · · · · · ·	F2 34135 ZIP: COUNTY:	LES	/		
NAME OF AGENCY				1403	
ESTENO FIRE RESC NAME OF OFFICE OR POSITION HELD		N			
TRUSTEE		\/	7		
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	es on this form. Attach additional shed	· ·			
**** BOTH	PARTS OF THIS SECT	TION MUST BE CO	MPLET	ED ****	
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEAEITHER (must check one):			•		
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 COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:					
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
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 OF INCOME		URCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
PENSION - USPBEC SALE DE STOCK-CABOT	P.O. BOX 15/750; /,	DEXMUNIA, VA 22315	11.5	TREASURY	
SALE OF STOCK-CAROT					
OIL FGAS			<u> </u>	STRIAL STOCK	
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, write "none" or "n/a")					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NONE		1			
DART C PEAL PROPERTY (Land but	fillings award by the reporting perso	- Can instructional			
PART C — REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			and w	G INSTRUCTIONS for when there to file this form are at the bottom of page 2.	
NONE				RUCTIONS on who must file	
				on page 3.	

PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, write	Y [Stocks, bonds, certificates of deposit, etc See in	structions]		
TYPE OF INTANGIBLE	· · · · · · · · · · · · · · · · · · ·	WHICH THE PROPERTY RELATES		
NONE.				
	<u> </u>			
PART E — LIABILITIES (Major debts - See instru (If you have nothing to report, write				
NAME OF CREDITOR	ADDRE	ADDRESS OF CREDITOR		
NONE				
PART F — INTERESTS IN SPECIFIED BUSINESSI (If you have nothing to report, write "r	ES [Ownership or positions in certain types of bu lone" or "n/a") BUSINESS ENTITY # 1	sinesses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	NONE			
ADDRESS OF BUSINESS ENTITY		14,		
PRINCIPAL BUSINESS ACTIVITY		<u> </u>		
POSITION HELD WITH ENTITY)18		
I OWN MORE THAN A 5% INTEREST IN THE BUSIN	ESS	, ee		
NATURE OF MY OWNERSHIP INTEREST		44		
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHI			
SIGNATURE (required):	DATE SIGNED	(required):		
Kokeit Lienerch	6/29/2014	Tedameati		
If a certified public accountant licensed under the or she must complete the following statements	Chapter 473, or attorney in good standing with nt:	the Florida Bar prepared this form for you,		
I, Statutes, and the instructions to the form. Upor	, prepared the CE Form 1 in a	coordance with Section 112.3145, Florida		
Statutes, and the instructions to the form. Opon	Titly reasonable knowledge and belief, the dis-	closure hereit is true and correct.		
Signature		Date		
- Cignataro	FILING INSTRUCTIONS:			
WHAT TO FILE:	WHERE TO FILE:	WHEN 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.	you were mailed the form by the Commission Ethics or a County Supervisor of Elections for an annual disclosure filing, return the form to Initially, each local officer/employee, state office and specified state employee must file with 30 days of the date of his or her appointment.			
l " " ,	that location.	or of the haginning of amployment. Appointees		

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.

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.

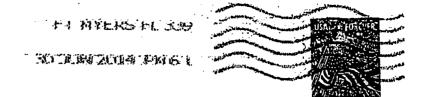
or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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.

9042 Falling Leaf Dr. Bonita Springs, FL 34135



*14JUL019H0924 SDE LEE CO F1

Supervisor of Elections Sharon L. Harrington P.O. Box 2545 Fort Myers, FL 33902

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