FORM 1	_	STATEMENT OF				2013
Please print or type your name, mailing address, agency name, and position bol	ow:	FINANCIAL INTERESTS				FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MI	DDLE N	IAME:				
MAILING ADDRESS: 24461 WOOSAGE DRIVE					'14JU	N27AM 9 47 SOE LEE CO F1
SONTA SPRINGS SAIST CEC						
NAME OF AGENCY: CLIN CE BONNEY SPRINGS						
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.						
CHECK ONLY IF CANDIDAT		_	·	PM	6/26	6
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** 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): 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	(PER	CENTAGE) THRESHOLDS	<u>OR</u>	DOLLA	R VALI	JE 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		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
シカントノノシアク (スペアカイ)		EXHAPERMOD, ADDRESONS WISHS		exe	BUSINESS GASUTING	
			_			 -
PART B SECONDARY SOURCE	S OF IN	COME	<u></u>	ł		
	, and o	ther sources of income to busines	sses owned by the re	porting pers	son - See	instructions]
		ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE				PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA						
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	
2946 JADOSCE DRUK BUNTA SPRING FL 34134						d at the bottom of page 2.
EXOLESTERS DES FT. MIEST BEACH, FL 33931						orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		structions]			
(If you have nothing to report, write "none TYPE OF INTANGIBLE	ne" or "n/a") \ BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
KA TARTAN (STSUCTING POLISH)					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none		•			
NAME OF CREDITOR	ADDRESS OF CREDITOR				
SULTRUST	BANG SPENDES, FL				
PART F — INTERESTS IN SPECIFIED BUSINESSES [((If you have nothing to report, write "none" NAME OF BUSINESS ENTITY		inesses - See instructions) BUSINESS ENTITY # 2			
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):	DATE SIGNED (required):				
Leader 2 M. Enedy LE	- 6/18/14				
If a certified public accountant licensed under Chap he or she must complete the following statement:	ter 473, or attorney in good standing with t	he Florida Bar prepared this form for you,			
I,	, prepared the CE Form 1 in ac reasonable knowledge and belief, the disc	cordance with Section 112.3145, Florida losure herein is true and correct.			
Signature		Date			
· · · · · · · · · · · · · · · · · · ·	CH INC 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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

Mc Intosh 24401 Woodsege Dr. Bonita Springs, FL 34134

THE WINDS TO SEE

26 Jan 2019 PNS 1



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

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