FORM 1	STATEM	ENT OF		2013
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	<b>INTERESTS</b>		FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE	• • • • •	,	14	PUNZ6440948 SUE LEE CO F1
MILIS (Harmer)	<u>Lisa Lorrain</u>	ــــــــــــــــــــــــــــــــــــــ		
307 NE 14th x	tre			
			1	
Cape Coral FL	33979 COUNTY: L	ee		
NAME OF AGENCY:	$\alpha$			
NAME OF OFFICE OR POSITION HELD				
You are not limited to the space on the line	SPECIALIST  s on this form. Attach additional sheets,	If necessary.	,	
	OR NEW EMPLOYEE OR A	<b>E</b> A //	25	-
	PARTS OF THIS SECT	ION MUST BE COMI	PLETI	ED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA	FINANCIAL INTERESTS FOR THE SE STATE BELOW WHETHER TH	PRECEDING TAX YEAR, W	HETHEI PRECE	R BASED ON A CALENDAR DING TAX YEAR ENDING
DECEMBER 31, 2013	B OR G SPECIFY	TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:
MANNER OF CALCULATING REPOR FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPAI further details). CHECK THE ONE YO	IG REPORTING THRESHOLDS TI RATIVE THRESHOLDS, WHICH AI	HAT ARE ABSOLUTE DOLLA RE USUALLY BASED ON PE	R VALU	JES, WHICH REQUIRES FEWER AGE VALUES (see instructions for
		OR DOLLAR	ALUE	THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		e reporting person - See instruc	tions)	
NAME OF SOURCE OF INCOME		RCE'S RESS		SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY
n// <del>\</del>				
				<del></del>
PART B — SECONDARY SOURCES Of [Major customers, clients, an (if you have nothing to rep	d other sources of income to busines	ses owned by the reporting pers	on - Sec	e Instructions)
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS 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")				G INSTRUCTIONS for and where to file this
N/A				are located at the bottom ge 2.
				RUCTIONS on who must
				nis form and how to fill it egin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "none	cks, bonds, certificates of deposit, etc See instruction or "n/a")	ctions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHI	CH THE PROPERTY RELATES	
N/A			
PART E — LIABILITIES (Major debts - See instructions (If you have nothing to report, write "none	i) " or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
N/A			
PART F — INTERESTS IN SPECIFIED BUSINESSES (C) (If you have nothing to report, write "none"	Ownership or positions in certain types of busines or "n/a") BUSINESS ENTITY # 1	sses - See instructions] BUSINESS ENTITY#2	
NAME OF BUSINESS ENTITY	1//4		
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
	E CONTINUED ON A SEPARATE SHEE		
SIGNATURE (required):		0,2014	
If a certified public accountant licensed under Chapt she must complete the following statement:  I,	prepared the CE Form 1 in accordance	with Section 112.3145. Florida Statutes, and	
Signature		Date	
	FILING INSTRUCTIONS:		
14/14T TO FU F. 14	NICOC TO EU E.	MILEN TO EU C.	

### WHAT TO FILE:

After completing all parts of this form, <u>Including</u> stanting 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.

### WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filling, 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, Tatlahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tatlahassee, 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.

Lisa Harmer (Mills) 301 NE 14th Anel Cape Coral, FL 33909

\* \* \*ELECTION MALE JURI DOING FINE L

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545