

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2014****FOR OFFICE USE ONLY:**Please print or type your name, mailing
address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Morash Michael George

MAILING ADDRESS :

16044 Herons View Dr.

CITY :

Alva

ZIP :

33920

COUNTY :

Lee

NAME OF AGENCY :

River Hall Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board of Supervisors

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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****** 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, 2014 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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
The Babcock and Wilcox Company, Inc.	Ballantyne Corporate Place, Charlotte, NC	Power Plants and US Gov't Projects
Morgan Stanley	31099 Chagrin Boulevard, Pepper Pike, OH	Brokerage

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			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

none

FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.**INSTRUCTIONS** on who must file
this form and how to fill it out
begin on page 3.

SECRET

1. The first part of the document is a list of names and titles of the members of the committee.

2. The second part of the document is a list of the names and titles of the members of the committee.

3. The third part of the document is a list of the names and titles of the members of the committee.

NOTE:
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).
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.

WHAT 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 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, 2014.

FILING INSTRUCTIONS:

CPA or ATTORNEY SIGNATURE ONLY
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, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.
CPA/Attorney Signature: _____
Date Signed: _____

SIGNATURE OF FILER:
Signature: _____
Date Signed: June 14, 2015

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

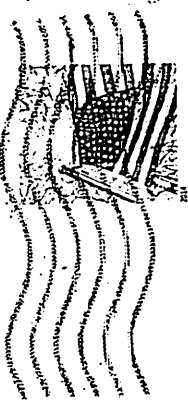
PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)		TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
401(k) Account		Vanguard			
Brokerage Accounts		Morgan Stanley			
PART E — LIABILITIES (Major debts - See instructions)					
(If you have nothing to report, write "none" or "n/a")		NAME OF CREDITOR		ADDRESS OF CREDITOR	
none					
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)					
(If you have nothing to report, write "none" or "n/a")		NAME OF BUSINESS ENTITY		BUSINESS ENTITY # 1	
		none		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					

GOVERNMENT PROPERTY



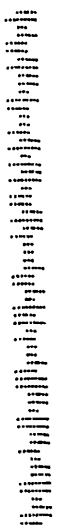
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Supervisor of elections
PO Box 2545
Fort Myers, FL 33902-2545

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