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:	
LAST NAME FIRST NAME MIDDI NESTA - Leon MAILING ADDRESS: PO BOY 1500	A - 67A	*143( <u>)</u> .()(3)	+0956 S	OE LEE COFI	
	<del></del>	EE.		SH A CO	
City OF CAPE	ZIP: COUNTY:		11	RECEIVED	
NAME OF AGENCY:			/		
NAME OF AGENCY:  COUNCIL MEMBER  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  Lee County Elections					
You are not limited to the space on the li	inos on this form. Attach additional sh	eets, if necessary.		COS COZ L WY	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	1 \1			
**** 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, 20	013 <u>OR</u> 🗆 SPEC	IFY TAX YEAR IF OTHER THA	AN THE C	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:					
,	PERCENTAGE) THRESHOLDS	OR Z DOLLA	AR 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	<b>I</b>	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
City OF CAPE COZAL (SALDE	<b>)</b>			City	
City OF CAPE CORAL (Pension	el) POBOX 150027	CADÉ CORDL, EL		city	
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				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")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.  INSTRUCTIONS on who must file		
NONE					
				orm and how to fill it out on page 3.	
		T.	i		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")					
TYPE OF INTANGIBLE	· ·	HICH THE PROPERTY RELATES			
Drop Fund		121 m			
AMERICAL FUNDS, Bonds	NATIONWIDE DMERICAN FUNDS	RECEIPED BY			
		E Courty M			
PART E — LIABILITIES [Major debts - See instructions]					
(If you have nothing to report, write "none" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
cily Bank	Slove Fall , SD				
•					
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")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY	<u> </u>	333,1233 2,1111 7 # 2			
ADDRESS OF BUSINESS ENTITY	n)				
PRINCIPAL BUSINESS ACTIVITY	ON G				
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):		required):			
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.					
Fear a 1201					
Signature	Date				
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:**

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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.