FORM 1	STATEM	STATEMENT OF		2013
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S _	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLI Noble Christopher				O. M.
MAILING ADDRESS: 3773 H. den Ac	wes circle			.01ANO925.SCE LEE COF
North Fort Myers 33903 Lee				SOE CO
	ZIP: COUNTY:	vic 4		/ 8
NAME OF AGENCY				Ţ
NAME OF OFFICE OR POSITION HELD OR SOUGHT :				
You are not limited to the space on the lim	es on this form. Attach additional she			
**** BOTH	PARTS OF THIS SECT	TION MUST BE CO	MPL	ETED ****
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):				
DECEMBER 31, 20	13 <u>OR</u> 🗆 SPECII	FY TAX YEAR IF OTHER TH	HAN THE	E CALENDAR YEAR:
MANNER OF CALCULATING REP- FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	IG REPORTING THRESHOLDS TARATIVE THRESHOLDS, WHICH	THAT ARE ABSOLUTE DOL I ARE USUALLY BASED OI	.LAR VA N PERC	ALUES, WHICH REQUIRES FEWER ENTAGE VALUES (see instructions
·	ERCENTAGE) THRESHOLDS	OR DOLL	LAR VA	ALUE 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	SOI ADI	URCE'S DRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Nun Ert Mers Fire Conti	1 POBOX 3507 N.	POBOX 3507 N.Ft.Myer F1 37914		ive Department
	+			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to busines	sses owned by the reporting p	erson - S	See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C - REAL PROPERTY [Land, bui	ildians award by the reporting person	- See instructional		
(If you have nothing to repor		n - See inşuucuonsj 	and	ING INSTRUCTIONS for when where to file this form are ated at the bottom of page 2.
			this	TRUCTIONS on who must file form and how to fill it out
			beg	in on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non		structions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
	 			
_				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
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	·			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	23331)		
POSITION HELD WITH ENTITY		<u> </u>		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u> </u>		
NATURE OF MY OWNERSHIP INTEREST		一		
IF ANY OF PARTS A THROUGH F ARE	CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECKHERE		
SIGNATURE (required): こうへーピー DATE SIGNED (required): しつる				
If a certified public accountant licensed under Chap he or she must complete the following statement: I, Statutes, and the instructions to the form. Upon my	prepared the CF Form 1 in ac	cordance with Section 112.3145. Florida		
Signature	·	Date		
	FILING INSTRUCTIONS:			
•	JEDE TO EILE:	WHEN TO EILE:		

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.

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.

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.



Mr Chris Noble 3773 Hidden Acres Cir S N Ft Myers, FL 33903





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

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