FORM 1	STATEM	IENT OF		2013	
Please print or type your name, mailing address, agency name, and position below.	w: FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDD	LENAME: NHON MILLS				
MAILING ADDRESS:	7.			<u>1</u> 4	
155B CALGOSA CRERIC CIRCLE				5	
FURT MYRS FL 33900 LEFE				9 5	
CAMISALA AT U		20 20 21			
NAME OF AGENCY:			/	8	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				14JUN30PW0112 SCE LEE COFI	
You are not limited to the space on the l	ines on this form. Attach additional sheets	s, if necessary.		<u>T</u>	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	PPOINTEE			
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD:					
THIS STATEMENT REFLECTS YOU	IR FINANCIAL INTERESTS FOR TH EASE STATE BELOW WHETHER TH	E PRECEDING TAX YEAR, W IIS STATEMENT IS FOR THE	HETHER PRECE	R BASED ON A CALENDAR DING TAX YEAR ENDING	
DECEMBER 31, 2	013 OR SPECIFY	TAX YEAR IF OTHER THAN	THE CA	LENDAR 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:					
\ <u></u>		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		
DR Horrow, IN	10541 SJX MJUF C	ARRESS PER WAY	: 1	u bilding	
·	FOR MYRS, F	l' 33406			
	V				
PART B SECONDARY SOURCES	OF INCOME				
	and other sources of income to busines eport, write "none" or "n/a")	ses owned by the reporting per	son - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Kentel Proporty	REM	8701 ESTERO BUD #	40S	SEASUAL RENTAL	
		FUEL MYPES, FL 33	3931		
DADT C. DEAL DEODEDTY II and	buildings suped by the repeting page	Con instructional			
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	
15890 Kuightsbeiden Cart Fort Myres, FL 33908 form are located at the bottom of page 2.					
8701 ESTERO BLUD # 0	tos feet myrs FL	35931	-	RUCTIONS on who must	
				is form and how to fill it egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		ctions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
<i>y</i> orK	SELF				
IRA ~	SELF				
Florina tre Man College	SELF	,			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none		DF CREDITOR			
NAME OF CREDITOR	ADDRESS OF CREDITOR				
Bank of America	100 werth Teron St. Chalotte NC				
	,	EE			
PART F — INTERESTS IN SPECIFIED BUSINESSES [6 (If you have nothing to report, write "none" NAME OF BUSINESS ENTITY	Ownership or positions in certain types of busines or "n/a") BUSINESS ENTITY # 1	Sses - See instructions] 🚊 BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	1 000 1 100				
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
/ IF ANY OF FARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): DATE SIGNED (required):					
6/30/4					
If a certified public accountant licensed under Chapt she must complete the following statement:	er 473, or attorney in good standing with the F	Florida Bar prepared this form for you, he or			
I,the instructions to the form. Upon my reasonable kn	, prepared the CE Form 1 in accordance owledge and belief, the disclosure herein is tro	with Section 112.3145, Florida Statutes, and ue and correct.			
Signature	Date				
CH INC INCTDUCTIONS.					

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.