FORM 1	STATEM	STATEMENT OF		2013
Ptease print or type your name, mailing address, agency name, and position below	FINANCIAL	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:
LAST NAME – FIRST NAME MIDDLE Pringle, Richard W.	NAME :		 '14	JUN30AM1042 SDE LEE CO F1
MAILING ADDRESS : P.O. Box 1545				
CITY:	ZIP: COUNTY:		/	
Fort Myers NAME OF AGENCY: Glades County, Florida	33902-1545 Lee			
NAME OF OFFICE OR POSITION HELD County Attorney	OR SOUGHT:	$\neg \neg \lor$		
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	s on this form. Attach additional sheets OR NEW EMPLOYEE OR A		27	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEAE EITHER (must check one): DECEMBER 31, 201: MANNER OF CALCULATING REPOR FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPAF further details). CHECK THE ONE YO	SE STATE BELOW WHETHER THE SPECIFY SPECIFY TABLE INTERESTS: IG REPORTING THRESHOLDS TRATIVE THRESHOLDS, WHICH A	E PRECEDING TAX YEAR, WHIS STATEMENT IS FOR THE TAX YEAR IF OTHER THAN THAT ARE ABSOLUTE DOLLA	HETHER PRECE THE CA	R BASED ON A CALENDAR DING TAX YEAR ENDING LENDAR YEAR:
				THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		ne reporting person - See instru	ctions]	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
Richard W. Pringle, P.A.	P.O. Box 1545, Fort	Myers, FL 33902-1545	-	Law Firm
				
PART B — SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report to the control of t	d other sources of income to busines	ses owned by the reporting per	son - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None				
DART O OFAL PROPERTY (Land by	M.H			
PART C - REAL PROPERTY (Land, buildings owned by the reporting person - See instructions) (If you have nothing to report, write "none" or "n/a")			when	G INSTRUCTIONS for and where to file this
 	er Road, Fort Myers, FL 33905 st in 320 acres in Spencer, TN		of pag	are located at the bottom ge 2.
	orm ozo acies in opencer, TN			RUCTIONS on who must
				ils form and how to fill it egin on page 3.

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PART D — INTANGIBLE PERSONAL PROPERTY (Stock (If you have nothing to report, write "none"		ctions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHITE	CH THE PROPERTY RELATES	
Stock			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")		
NAME OF CREDITOR	ADDRESS (OF CREDITOR	
Farm Credit Services of Mid-America	1508 Smithville Hwy., P.O. Box 445, McMinnville, TN 37110-0445		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ow (If you have nothing to report, write "none" or		sses - See instructions]	
1	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	Richard W. Pringle, P.A.		
ADDRESS OF BUSINESS ENTITY	2125 First Street, Suite 200		
PRINCIPAL BUSINESS ACTIVITY	Fort Myers, FL 33901		
POSITION HELD WITH ENTITY	Law Firm		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100% Owner		
NATURE OF MY OWNERSHIP INTEREST			
IF ANY OF PARTS A THROUGH F ARE	CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE	
SIGNATURE (required): DATE SIGNED (required):			
Anda Mad 11 May	1/2/1	1/4	
If a certified public accountant licensed under Chapter she must complete the following statement:	473, or attorney in good standing with the F	torida Bar prepared this form for you, he or	
I,	, prepared the CE Form 1 in accordance redge and belief, the disclosure herein is true	with Section 112.3145, Florida Statutes, and ue and correct.	
Signature	Date		
J	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.

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, Sulte 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.

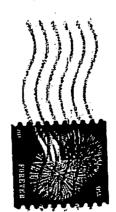
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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.

Richard W. Pringle, P.A. P.O. Box 1545
Fort Myers, FL 33902-1545

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Lee County Supervisor of Elections ATTN: Bernie Feliciano P.O. Box 2545 Fort Myers, FL 33902

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