FORM 1	STATEMENT OF			2013	
Please print or type your name, malling address, agency name, and position below:	FINANCIAL INTEREST			FOR OFFICE USE ONLY:	
MAILING ADDRESS: 25670 SPRINGTIDE GT					
BONITA SPRINGS FL LEE CITY: COUNTY: C					
NAME OF AGENCY: CHARLETTE CO AIRFORT AINSHORITY NAME OF OFFICE OR POSITION HELD OR SOUGHT: PIRFLIDR					
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					
**** BOTH DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one): DECEMBER 31, 201 MANNER OF CALCULATING REPORTION OF USING	ASE STATE BELOW WHETHER 3 OR O SPECI	THE PRECEDING TAX YEAR THIS STATEMENT IS FOR FY TAX YEAR IF OTHER TH	R, WHETI THE PRE	HER BASED ON CALENDAR CEDING TAX YEAR ENDING CALENDAR YEAR	
CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE COMPARATIVE (PE	RATIVE THRESHOLDS, WHICH YOU ARE USING: RCENTAGE) THRESHOLDS	OR DOLL	PERCEN		
PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S		URCE'S	DESCRIPTION OF THE SOURCE'S		
HAR. CO. AIRART BYTHOR THE PRETABLE OF ROAD		\mathcal{D}_{Δ}	PRINCIPAL BUSINESS ACTIVITY		
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	l other sources of income to busine	sses owned by the reporting pe	rson - See	instructions]	
NAME OF BUSINESS ENTITY	ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
CITY OF LAKELAID	G-OVERNMENT	LAKELAND 1	4	PENGION	
<u>'</u>		 -			
PART C REAL PROPERTY [Land, buil (If you have nothing to repor		n - See instructions)	and w locate INSTR this fo	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2. CUCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (Stoc	ks, bonds, certificates of deposit, etc See instructions			
(If you have nothing to report, write "none"	" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
$V \circ V = V$				
6 - 1 60				
Section Section 1				
PART E — LIABILITIES [Major debts See instructions] (If you have nothing to report, write "none"				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
GTE CREDIT UNION	11/02TOHOE			
30-	F. O. BOX 77404			
i Samuel	EWING, N. J. 08628			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Or (If you have nothing to report, write "none" or NAME OF BUSINESS ENTITY	wnership or positions in certain types of businesses - See instructions] or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY	No Po			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	25			
NATURE OF MY OWNERSHIP INTEREST	n v			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required): Sum P. Du	$M = \frac{\text{DATE SIGNED (required):}}{6-30-14}$			
If a certified public accompant licensed under Chapte he or she must complete the following statement:	er 473, or attorney in good standing with the Florida Bar prepared this form for you,			
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.				
Signature	Date			
0.9.000				

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.