FORM 1	STATEMEN	VT OF	2013	
lease print or type your name, mailing address, agency name, and position below:	FINANCIAL IN	TERESTS [	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE N REGUER CHOLSTOP				
MAILING ADDRESS!:  1310 PAN BUELDOS	PARKURK			
10,0				
F-+ MYONS	ZIP: 33919 COUNTY: LEE	·		
NAME OF AGENCY:		l		
NAME OF OFFICE OR POSITION HELD OF ALL MEM	DR SOUGHT:			
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF		. •	<u> </u>	
**** 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, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER 'ALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for other details). CHECK THE ONE YOU ARE USING:				
<u> </u>	ENTAGE) THRESHOLDS OR	DOLLAR VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	ME [Major sources of Income to the repowrite "none" or "n/a")	rting person - See instructions)		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	35107 p	ESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY	
STUDIO PLUS	12730 INFO BRITH	47.606 F	412 CHITERNET	
PART B - SECONDARY SOURCES OF I [Major customers, clients, and c (If you have nothing to report	ther sources of income to businesses ow	ned by the reporting person - Se	e instructions]	
NAME OF N BUSINESS ENTITY	AME OF MAJOR SCURCES OF BUSINESS' INCOME	* *· ··· · · · · · · · · · · · · · · ·		
Nove				
PART C - REAL PROPERTY (Land, build	ings owned by the reporting person - See	instructions		
(If you have nothing to report, write "none" or "n/a")			NG INSTRUCTIONS for n and where to file this n are located at the bottom	
- NOVE		18	age 2.	
			TRUCTIONS on who must	

<del></del>			
PART D — INTANGIBLE PERSONAL PROPERTY (S (If you have nothing to report, write "no		ctions) .	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Klovp			
PART E — LIABILITIES [Major debts - See instruction (if you have nothing to report, write "no			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Nong			
	<del></del>		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	[Ownership or positions in certain types of business or "n/a"]  8USINESS ENTITY # 1	sses - See instructions] BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
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 A	RE CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (red	quired):	
	12-16.14	,	
If a certified public accountant licensed under Chap she must complete the following statement:	ler 473, or attorney in good standing with the i	Florida Bar prepared this form for you, he or	
the instructions to the form. Upon my reasonable k	prepared the CE Form 1 in accordance nowledge and belief, the disclosure herein is tr	e with Section 112.3145, Florida Statules, and rue and correct.	
Signature		Date	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	FILING INSTRUCTIONS:	No. 1 to 1	
	NHERE TO FILE:  If you were mailed the form by the Commission	WHEN TO FILE:  Initially, each local officer/employee, state officer.	

After completing all parts of this form, <u>Including</u> stening and dating it, send back only the first sheet (pages 1 and 2) for filling.

If you have mothing 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.

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 tite 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 refleve the filer of filing a CE Form 1 if the or she was in their position on December 31, 2013.