FORM 1	STATEM	ENT OF	2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MUDDLE N	IAME:		*14	
MAILING ADDRESS:	i RD		JUN12	
		•	29m 10	
FORT Myers 1	ZIP: COUNTY:	=	14JUN129M1046 SIDE LEE ÇO F	
NAME OF AGENCY	GINIA SPRINGS	- \ /	Z LEE	
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		ŒF1	
You are not limited to the space on the lines	on this form. Attach additional sheets,		<i>I</i>	
CHECK ONLY IF CANDIDATE O		117 7		
**** 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 CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING: COMPARATIVE (PERCENTAGE) THRESHOLDS 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 repor NAME OF SOURCE OF INCOME	SOUF		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
CIBANK FRA FRST	1565 Ken (ES)	IN DR FIME	BANK	
Community Banks 1	Sur .	2		
FNEMARK NATONAL	PARK 10 DICOCONNY K	D BONHA SKUS	BANK	
AND 1RUST				
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to dusiness	es owned by the reporting perso	n - 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		<i>91</i>	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "not		ctions	
	NIA	OU THE DRADERTY BELATER	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WAI	CH THE PROPERTY RELATES	
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	ns] ne" or "n/a")		
NAME OF CREDITOR	ADDRESS	ADDRESS OF CREDITOR	
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none NAME OF BUSINESS ENTITY		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 SHE	ET, PLEASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (re	quired):	
Dallas B	word	4/11/14	
if a certified public accountant licensed under Chap she must complete the following statement:			
I, the instructions to the form. Upon my reasonable k	prepared the CE Form 1 in accordance, nowledge and belief, the disclosure herein is to	e with Section 112.3145, Florida Statutes, and rue and correct.	
Signature		Date	
	FILING INSTRUCTIONS:		
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:	
After completing all parts of this form, including	If you were mailed the form by the Commission	initially, each local officer/employee, state officer,	

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.

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, Bullding E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position fails under, see the "Who Must File" Instructions on

Facsimiles will not be accepted.

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. Dallas Revord 9020 Caloosa Rd. Fort Myers, FL 33967-5203

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