| FORM 1  | STATEM                                  | STATEMENT OF        |  | 2013  |  |
|---|---|---------------------|--|---|--|
| Please print or type your name, mailing address, agency name, and position below:   | FINANCIAL                               | FINANCIAL INTERESTS |  | FOR OFFICE USE ONLY:                                    |  |
| LAST NAME - FIRST NAME - MIDDI  | hard G.                                 |                     |  |   |  |
| MAILING ADDRESS:  |   |                     | 14JUN 2 PM 2 02 SOE LEE CO F1  |   |  |
|   |   |                     |  |   |  |
| CITY: COUNTY: BOCZ GYZNOZ 33921 LEE   |   |                     |  |   |  |
| NAME OF AGENCY: BOLZ Grande Historia Preservation Board NAME OF OFFICE OR POSITION HELD OR SOUGHT:  |   |                     |  |   |  |
| Reard Wearber   |   |                     |  |   |  |
| You are not limited to the space on the li  | nes on this form. Attach additional she | eets, if necessary. | . 1  | ^   |  |
| CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE  |   |                     | 5/2  | 8   |  |
| **** 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 report, write "none" or "n/a")  |   |                     |  |   |  |
| NAME OF SOURCE<br>OF INCOME   | so                                      | SOURCE'S<br>ADDRESS |  | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |  |
| ING Group 15  | Nedbrussels                             | No Alone such       |  | Benking   |  |
| 1+SBC Holding   | U, K                                    |                     |  | ĸ   |  |
| JP May 24, A  | NYNT                                    | NYNY                |  | Le  |  |
| Bardan's Rank   | 4.14                                    | 4.14                |  |   |  |
| PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")  |   |                     |  |   |  |
| NAME OF<br>BUSINESS ENTITY  |   |                     |  | PRINCIPAL BUSINESS ACTIVITY OF SOURCE                   |  |
| Park Fundotan   | Not la Proli                            | Thuca NY            | ,  | tausletten  |  |
| DIY MEdia tech Siz  |   | Siettlecen          | E, (e) develop tech  |   |  |
|   |   |                     |  |   |  |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")  |   |                     | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.  INSTRUCTIONS on who must file |   |  |
| home Boar Brade FL  |   |                     |  |   |  |
| home Linville, Ne   |   |                     |  | this form and how to fill it out<br>begin on page 3.    |  |

| PART D — INTANGIBLE PERSONAL PROPERTY [Si<br>(If you have nothing to report, write "no  | locks, bonds, certificates of deposit, etc See instructions]  |  |  |  |
|---|---|--|--|--|
| TYPE OF INTANGIBLE  | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES   |  |  |  |
| 4 prefereds   | Banks on previous sheet   |  |  |  |
| Stude DIY Mede  |   |  |  |  |
|   |   |  |  |  |
| PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor  | •   |  |  |  |
| NAME OF CREDITOR  | ADDRESS OF CREDITOR   |  |  |  |
| NONE  |   |  |  |  |
| <b>V</b>  |   |  |  |  |
|   |   |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none  NAME OF BUSINESS ENTITY  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 | DISINESS ENTITY # 1  BUSINESS ENTITY # 2  CHECK SALESKE   |  |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  |   |  |  |  |
| SIGNATURE (required):   | DATE SIGNED (required):  5-30-14  |  |  |  |
| If a certified public accountant licensed under Cha   | pter 473, or attorney in good standing with the Florida Bar prepared this form for you,   |  |  |  |
| he or she must complete the following statement:  I,  Statutes, and the instructions to the form. Upon my   | , prepared the CE Form 1 in accordance with Section 112.3145, Florida y reasonable knowledge and belief, the disclosure herein is true and correct. |  |  |  |
| Signature   | Date  |  |  |  |
|   | 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 maited 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

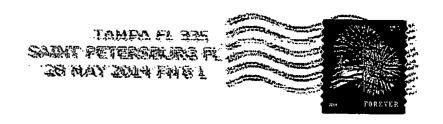
or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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.

Robb Porsox 10 Bock Grende, F1 33921



Supervisor of Elections Sharon L. Harrington P.O. Box 2545 Fort Myers, FL 33902

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