FORM 1	STATEM	STATEMENT 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 MIDDL Savage, Kenneth Allen	E NAME :		- '	
MAILING ADDRESS : 6571 Saint Ives Ct				س خدر
CITY:	ZIP: COUNTY:			7_4AUGZ/2#0957 SUE LEE (0 F
Fort Myers	33966 Lee		/	H
NAME OF AGENCY : School District of Lee Cty. (Veter				## ## \$
NAME OF OFFICE OR POSITION HEI School Principal				
You are not limited to the space on the lim CHECK ONLY IF CANDIDATE	on this form. Attach additional sheets, OR			<u> </u>
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20 MANNER OF CALCULATING REPO FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMP/ further details). CHECK THE ONE YO	ASE STATE BELOW WHETHER THI 13 OR SPECIFY RTABLE INTERESTS: ING REPORTING THRESHOLDS THAT THE SHOLDS, WHICH AFOU ARE USING:	PRECEDING TAX YEAR, W IS STATEMENT IS FOR THE TAX YEAR IF OTHER THAN HAT ARE ABSOLUTE DOLLA RE USUALLY BASED ON PE	HETHER PRECEI THE CAI AR VALUERCENTA	BASED ON A CALENDAR DING TAX YEAR ENDING LENDAR YEAR: ES, WHICH REQUIRES FEWER
				TRESHOLDS
PART A PRIMARY SOURCES OF II	oort, write "none" or "n/a")	e reporting person - See instru	Cuonsj	
NAME OF SOURCE OF INCOME	•	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
School District of Lee Cty	2855 Colonial Blvd.	Ft. Myers, FL 33966	School Leadership	
PART B - SECONDARY SOURCES ([Major customers, clients, a (If you have nothing to re	OF INCOME and other sources of income to business port, write "none" or "n/a") NAME OF MAJOR SOURCES	ses owned by the reporting per ADDRESS	son - See	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME			ACTIVITY OF SOURCE
NONE	NONE	NONE		NONE
				<u> </u>
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NONE			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
			file th	RUCTIONS on who must is form and how to fill it egin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"		ctions			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NONE	NONE				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
AES - Student Loans	P.O. Box 2461 Harrisburg, PA 17105				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ov (If you have nothing to report, write "none" or NAME OF BUSINESS ENTITY		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 ARE	CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE			
SIGNATURE (required):	DATE SIGNED (required):				
Terfor	8/25/	14			
If a certified public accountant licensed under Chapter she must complete the following statement:	-				
I,	, prepared the CE Form 1 in accordance wiedge and belief, the disclosure herein is tr	e with Section 112.3145, Florida Statutes, and ue 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 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:

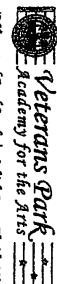
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment

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.

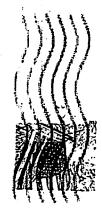


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Supervisor of Elections P.O.Bux 2545 Ft.Myer, FL 33902

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