FORM 1	STATEMENT	ΓOF	2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	ERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLI Schiegner, Lynn H.	E NAME :		•	
MAILING ADDRESS: 16901 Perry Ranch Ro	oad	'14JU	IN 2 PM 2 00 SOE LEE CO F1	
	ON MITT			
CITY: N. Ft. Myers,	ZIP: COUNTY: 33917 Charlotte			
NAME OF AGENCY: Lee County Mosquito				
NAME OF OFFICE OR POSITION HEL Purchasing & Supply				
	nes on this form. Attach additional sheets, if neces	ssary.	.1.	
CHECK ONLY IF	OR NEW EMPLOYEE OR APPOINT	TEE PM 51	130	
**** 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 DEPORTABLE 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 OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
N/A				
PART B - SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to repo	d other sources of income to businesses owned	d by the reporting person	- See instructions] PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE	
N/A				
			_	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			ILING INSTRUCTIONS for when and where to file this form are	
N/A		IN	scated at the bottom of page 2. ISTRUCTIONS on who must file his form and how to fill it out	
			egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (Sto		structions]		
(If you have nothing to report, write "none TYPE OF INTANGIBLE		\ VHICH THE PROPERTY RELATES		
N/A				
				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
N/A				
PART F — INTERESTS IN SPECIFIED BUSINESSES [6 (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 ARE	CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required): DATE SIGNED (required):				
dynn To Schiefner 5/30/14				
If a certified public accountant licensed under Chap he or she must complete the following statement:	ter 473, or attorney in good standing with t	he Florida Bar prepared this form for you,		
,	, prepared the CE Form 1 in ac reasonable knowledge and belief, the disc	cordance with Section 112.3145, Florida losure 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 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:

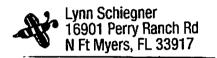
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment

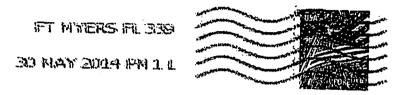
or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.





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

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