FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2013

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(IO DE FILED WITHIN 00 DAIS C	IL TEWAL	ING FUDI	JIC OFFIC	LE OK	EMI EOIMENI)
LAST NAME FIRST NAME MIDDLE NAME:		NAME OF R	EPORTING PE	RSON'S	AGENCY:
SIMMS, LEVON		Cata	OF FO	a - 111	Y=n S
MAILING ADDRESS:	ľ				(see "Who Must File" on page 3):
3130 ST. CHARLES ST.			LOCAL OFFIC	ER [STATE OFFICER
FORT MYERS, FL 339/6 L	1==		SPECIFIED S	TATE EMF	PLOYEE ,
CITY: ZIP: COUN		LIST OFFIC	E OR POSITIO	N HELD:	City Council
		-			
***BOTH PARTS OF	TUIC CECT	ION MUST F	DE COMPLET	CC ***	£
DISCLOSURE PERIOD:	THIS SECT	ION MOSTE	SE COMIFEE		Provided in the control of the contr
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATI	R THE PERIO	D BETWEEN	JANUARY 1, 26	013 AND 7	THE LAST DATE I HELD THE PUBLIC (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		0.11, 5	<u> </u>	, 20	113. (Date must be prior to 123 #13)
MANNER OF CALCULATING REPORTABLE INTEREST THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING R	REPORTING 1				
FEWER CALCULATIONS, OR USING COMPARATIVE THRESH further details). PLEASE STATE BELOW WHETHER THIS STAT					NTAGE VALUES (see instructions for
COMPARATIVE (PERCENTAGE) THRESHOLDS		<u>OR</u>	_	-	ندر JE THRESHOLDS
PART A PRIMARY SOURCES OF INCOME [Major sour (If you have nothing to report, you must write "no			ng person - See	instructio	ns]
NAME OF SOURCE	SOURC	E'S		l DESC	RIPTION OF THE SOURCE'S
OF INCOME	ADDRE	ESS			CIPAL BUSINESS ACTIVITY
	a ltasse	E, FI		GET11	non Texestor
Social Sec. US,	<u>, ن ي</u> رث			ω_{I}	rethrow D.C
		· .			
				<u> </u>	
PART B SECONDARY SOURCES OF INCOME					
[Major customers, clients, and other sources of incon (If you have nothing to report, you must write "no			reporting perso	n - See in:	structions]
NAME OF NAME OF MAJOR SO	DURCES	•	ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY OF BUSINESS' INC	COME	OF SOURCE			ACTIVITY OF SOURCE
14					<u> </u>
/ //					
PART C REAL PROPERTY [Land, buildings owned by the (If you have nothing to report, you must write "no			ructions]		G INSTRUCTIONS for when where to file this form are
3132 ST. CHARCES F. LUYER		339/	(i)		ed at the bottom of page 2.
				INST	RUCTIONS on who must file
					orm and how to fill it out
The state of the s				Degin	on page 3 of this packet.

TYPE OF INTANGI	BLE	BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES	
Museual Funds	Mors	born-Strayley		
			All Market and the second and the se	
PART E — LIABILITIES [Major (If you have nothing	debts - See instructions] to report, you must write "none" o	r "n/a")		
NAME OF CREDIT	OR	ADDRESS OF CRE	DITOR	
BB & T B	Anik Tom	PA II		** }
		· · · · · · · · · · · · · · · · · · ·		1
				T**
				AJH-VII-AHI
	o report, you must write "none" or			
(If you have nothing to			BUSINESS ENTITY # 3	
(If you have nothing to	o report, you must write "none" or	"n/a")		
(If you have nothing to	o report, you must write "none" or	"n/a")		4HM 44 SUE LEE OF I
(If you have nothing to	o report, you must write "none" or	"n/a")		
(If you have nothing to	o report, you must write "none" or	"n/a")		
(If you have nothing to NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD MITH ENTITY OWN MORE THAN A 5% NATURE OF MY	o report, you must write "none" or	"n/a")		
(If you have nothing to NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY TOWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	o report, you must write "none" or BUSINESS ENTITY # 1	"n/a") BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
(If you have nothing to 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	o report, you must write "none" or BUSINESS ENTITY # 1	"n/a")	BUSINESS ENTITY # 3	

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filling (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2013, you may not have filed Form 1 for 2012. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2012 by July 1, 2013, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.