FORM 1	STATEM	IENT OF		2013	
Please print or type your name, mailing address, agency name, and position belo		INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MI	ATRICIA ANN	'1	4JUN12	#1046 SOE LEE CO F1	
MAILING ADDRESS: 1925 VIRGII	VIA AVE	# 401			
FT. MYERS FL 33901 LEE					
NAME OF AGENCY: CITIZENS POLICE REVIEW BOARD NAME OF OFFICE OR POSITION HELD OR SOUGHT:					
You are not limited to the space on th	e lines on this form. Attach additional she	ets, if necessary.	_		
CHECK ONLY IF CANDIDAT	E OR NEW EMPLOYEE OF	RAPPOINTEE PM	6/1/		
**** 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					
YEAR OR ON A FISCAL YEAR. I EITHER (must check one):	PLEASE STATE BELOW WHETHER	THIS STATEMENT IS FOR	THE PRE	CEDING TAX YEAR ENDING	
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 OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
U.S. SOCIAL SECU	RITY				
BOEING PENSION	CHICAGO IL	60606			
: <u>-</u>					
DART R SECONDARY COURSE	S OF INCOME		_		
	s, and other sources of income to busines report, write "none" or "n/a")	sses owned by the reporting pe	rson - See	instructions]	
NAME OF NAME OF MAJOR SOUR BUSINESS ENTITY OF BUSINESS' INCOM		ADDRESS OF SOURCE		PRINCIPAL BUSINESS 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")			FILING INSTRUCTIONS for when and where to file this form are		
N/A				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (Site *non (If you have nothing to report, write *non		structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
STOCK					

	POBOX III, TAMP	PA, FL 33601			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s)				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
NONE					
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none" NAME OF BUSINESS ENTITY		inesses - 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 SHEET, PLEASE CHECK HERE					
SIGNATURE (required):	ATURE (required): DATE SIGNED (required):				
Patricia Steinno	2 May 2	8,2014			
If a certified public accountant licensed under Chap he or she must complete the following statement:	oter 473, or attorney in good standing with t	he Florida Bar prepared this form for you,			
l i	, prepared the CE Form 1 in ac	cordance with Section 112.3145, Florida			
Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.					
Signature Date					
1	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

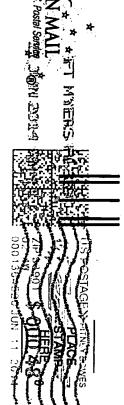
or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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 PO BOX 2545 FORT MYERS FL 33902-2545