FORM 1	STATEMENT C	)F	2013		
Please print or type your name, mailing address, agency name, and position bek		RESTS	FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIL STRWART Robe, MAILING ADDRESS:	+ William	′14JU	V20PM()302 SDE LEE (01F1		
13450 ELECTION	· <del></del>	4			
FT. MYRRS	33908 LEE ZIP: COUNTY:	$\dashv$	•		
NAME OF AGENCY :  LEE  NAME OF OFFICE OR POSITION	COUNTY HELD OR SOLICHT:	] /			
Boilding OFFicial	pisaster Advisor concil	_] 、/			
You are not limited to the space on the CHECK ONLY IF  CANDIDAT	e lines on this form. Attach additional sheets, if necessary.  E OR NEW EMPLOYEE OR APPOINTEE	T V			
**** BO	TH PARTS OF THIS SECTION MUST	BE COMPLE	TED ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	DUR FINANCIAL INTERESTS FOR THE PRECEDIN PLEASE STATE BELOW WHETHER THIS STATEME	IG TAX YEAR, WHE1	THER BASED ON A CALENDAR		
DECEMBER 31, 2013 OR DECEMBER					
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		
None					
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 BUSINESS ENTITY		DDRESS SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None					
PART C RFAI PROPERTY (Land	, buildings owned by the reporting person - See instruction	nel			
(If you have nothing to r	eport, write "none" or "n/a")	FILIN and v	IG INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.		
Lts 182 Royal PANK EST., LTS 4+5 Page PANK SULI. LT 10 BLK A Granda TEXR., PT. GOLT Lot 1 Bolkedia			RUCTIONS on who must file		
LT 10 BLK A GrandA TEXR. PT. GOVT Lot 1 Bolkedia			form and how to fill it out n on page 3.		
PT LT 26 maria	a Maialle Subol				

PART D — INTANGIBLE PERSONAL PROPERTY (Slocks, bonds, certificates of deposit, etc See instructions)  (If you have nothing to report, write "none" or "n/a")  PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")  NAME OF CREDITOR  PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  NAME OF BUSINESS ENTITY  ADDRESS 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  If ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE   SIGNATURE (required):  DATE SIGNED (required):    Jack   J					
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	Signature	<del></del>	Date		

## 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.