FORM 1	STATEM	ENT OF	2013
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDD Tuttle Scott Mars		14	NSONTO 45 SOELE CO BL
MAILING ADDRESS: 130 SE 22nd Terrace			
CITY	ZIP . COUNTY .		14.JUN26AM 9
Cape Coral, FL 33990 NAME OF AGENCY:			<b>,</b> 8
NAME OF OFFICE OR POSITION HE		/	SDELEE OD FI
You are not limited to the space on the I CHECK ONLY IF CANDIDATE	nes on this form. Attach additional sheets.  OR	1 V	<u> </u>
of gramming in agreement of the second of th	H PARTS OF THIS SECT	ji	PI FTFD ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	R FINANCIAL INTERESTS FOR THE EASE STATE BELOW WHETHER TH	PRECEDING TAX YEAR. WH	HETHER BASED ON A CALENDAR
☑ DECEMBER 31, 26	013 <u>OR</u> D SPECIFY	TAX YEAR IF OTHER THAN T	THE CALENDAR YEAR:
	SING REPORTING THRESHOLDS TO PARATIVE THRESHOLDS, WHICH A		AR VALUES, WHICH REQUIRES FEWER RCENTAGE VALUES (see instructions for
COMPARATIVE (P	ERCENTAGE) THRESHOLDS	<u>d</u> dollar v	/ALUE THRESHOLDS
	NCOME (Major sources of income to the port, write "none" or "n/a")	e reporting person - See instruct	tions]
NAME OF SOURCE OF INCOME	7.7	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lee County BoCC	2115 Second St	reet, Ft. Myers Ft	County Government
• •	OF INCOME and other sources of income to business port, write "none" or "n/a")	ses owned by the reporting perso	on - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			
PART C - REAL PROPERTY (Land. (If you have nothing to re	ı - See instructions)	FILING INSTRUCTIONS for when and where to file this	
130 SE 2	2nd Terrace, Cape Coral FI 33990		form are located at the bottom of page 2.
			INSTRUCTIONS on who must file this form and how to fill it
			out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks (If you have nothing to report, write "none" o		ctions)	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Deferred Retirement Option Account	State of Florida Retirement Account		
457b Deferred Compensation Account	Nationwide		
Bank Accounts	Suncoast Credit Union		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" o	r "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Chase Mortgage	PO Box 24696, Columbus OH 43224-0696		
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Own (If you have nothing to report, write "none" or "		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):			
AM 2	6/27/14	/	
If a certified public accountant licensed under Chapter 4 she must complete the following statement:	73, or attorney in good standing with the f	Florida Bar prepared this form for you, he or	
she must complete the following statement.	prepared the CE Form 1 in accordance	with Section 112,3145. Florida Statutes, and	
the instructions to the form. Upon my reasonable knowle	edge and belief, the disclosure herein is tr	ue and correct.	
Signature		Date	
	HINC INSTRUCTIONS.	- The second state of the second of the second second of the second of t	

# 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 "nia" 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

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.