

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2013

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Wilson Amanda Kate

MAILING ADDRESS:

513 SE 27th Ter

Cape Coral FL 33901 Lee

CITY: ZIP: COUNTY:

NAME OF AGENCY: Lee County SOCC

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Senior Account Clerk - Internal Sec Fiscal Job

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

*14JUN25AM 1000 SDE LEE CO FL

✓ AC
pm 6/24

****** 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 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
Lee County SOCC	1500 Monroe St Ft Myers 33901	Local Government

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	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	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")

Home owner - Mortgage - 513 SE 27th Ter Cape Coral, FL 33901
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FILING INSTRUCTIONS for when and where to file this 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.

A. Wilson
513 SE 5th Ave
Cape Coral, FL 33914

FT MYERS FL 339
29 JUN 2004 PM 3.4



Supervisor of Elections
Sharon L. Harrington
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Fort Myers, FL 33902

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