FORM 1	STATEMI	ENT OF		2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME :				5567150	
Sullivan, Liza			10		
MAILING ADDRESS :					
6519 SE 111th Street					
				S	
	ZIP: COUNTY:				
	420 Mari	on County		RE( 2014 JUL UPERVISO 1ARION CO	
NAME OF AGENCY :				SOR COLUMN	
Belleview	201101:-				
NAME OF OFFICE OR POSITION HELD OR					
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				OR E	
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE				52 5	
**** ROTH PA	RTS OF THIS SECTION	ON MUST BE COM	PLFT	ED ****	
**** 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 T	AX YEAR IF OTHER THAN	THE CA	ALENDAR YEAR:	
MANNER OF CALCULATING REPORTABL FILERS HAVE THE OPTION OF USING RE CALCULATIONS, OR USING COMPARATIVE further details). CHECK THE ONE YOU AR	EPORTING THRESHOLDS TH. /E THRESHOLDS, WHICH ARI	AT ARE ABSOLUTE DOLL E USUALLY BASED ON PI	AR VALU	JES, WHICH REQUIRES FEWER AGE VALUES (see instructions for	
COMPARATIVE (PERCEN		R DOLLAR	VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME					
(If you have nothing to report, w					
NAME OF SOURCE OF INCOME	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
MICHAEZ J SULLWAN	6519 SE 1174	ST BELLEVIEW, FL	POST	ALEMPLOYEE - RETIRESTI	
	10519 SE 1144 S				
LIZA D. SULLVAN	10-017 DC 1117013	· Schenow TE	BAN	A July	
			<b></b>		
			<u></u>		
PART B SECONDARY SOURCES OF INC [Major customers, clients, and other (If you have nothing to report, w	er sources of income to business	es owned by the reporting pe	rson - Se	e instructions]	
10 1012 01	ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
1,1/					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			when and where to file this		
NA			•	are located at the bottom age 2.	
		INSTRUCTIONS on who must			
				his form and how to fill it begin on page 3.	

105567150

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		- See instructions]			
(If you have nothing to report, write "none	e" or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENT	FITY TO WHICH THE PROPERTY RELATES			
X/A					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	i] ə" or "n/a")	· .			
NAME OF CREDITOR	ADDRESS OF CREDITOR				
WSUS FARGO All DOTGAGE	P.O. ROX SEB SAN BERNARDIADO CH 92427				
_					
PART F — INTERESTS IN SPECIFIED BUSINESSES [C	Ownership or positions in certain type	es of businesses - See instructions]			
(If you have nothing to report, write "none"	or "n/a") Bysiness entity # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	NA				
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 AR	E CONTINUED ON A SEPAR/	ATE SHEET, PLEASE CHECK HERE			
SIGNATURE (required):	DATE SIGNED (required):				
Sign he Sullevain		6/20/13			
If a certified public accountant licensed under Chapte she must complete the following statement:	er 473, or attorney in good standin	ng with the Florida Bar prepared this form for you, he or			
I.	prepared the CE Form 1 in	accordance with Section 112.3145, Florida Statutes, and			
the instructions to the form. Upon my reasonable kno	owledge and belief, the disclosure	herein is true and correct.			
Signature		Date			
FILING INSTRUCTIONS:					
WHAT TO FILE: W	HERE TO FILE:	WHEN TO FILE:			
4 am					

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.

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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.