FORM 1	STATEM	IENT OF		2013
Please print ortype your name, mailing address, agency name, and position below:		INTEREST	S	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLEN FOLIA SHAFU MAILING ADDRESS:	AME: <u> (Ann) Shep</u>	00053		upro-[to
	nace			
Gairesville of	32605 3350 AI	1achur		
	imprial)			
NAME OF OFFICE OR POSITION HELD O OITY COMMISSION D	ainesull		,	
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR		•		
**** BOTH F DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FII YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one): DECEMBER 31, 2013	STATE BELOW WHETHER TH	E PRECEDING TAX YEAR.	MHETHEI E PRECE	R BASED ON A CALENDAR DING TAX YEAR ENDING
MANNER OF CALCULATING REPORTA FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPARA further details). CHECK THE ONE YOU A	BLE INTERESTS: REPORTING THRESHOLDS 1 FIVE THRESHOLDS, WHICH A	HAT ARE ABSOLUTE DOLI RE USUALLY BASED ON P	AR VALL	IFS WHICH REQUIRES FEWER
				THRESHOLDS
PART A PRIMARY SOURCES OF INCOI (If you have nothing to report,	write "none" or "nia")	ne reponing person - See instr	uctions	·
NAME OF SOURCE OF INCOME	ADE	RCE'S PRESS	PF	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
PC-Y	4424 NW 13	sth St.	Early	-profit ELCAC
			Centy	Learning Coalition
PART B — SECONDARY SOURCES OF III [Major customers, clients, and of (If you have nothing to report,	ther sources of Income to busines	ses owned by the reporting pe	rson - See	e instructions]
NAME OF N. BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
nHh				
- 1911,				
PART C - REAL PROPERTY [Land, building (if you have nothing to report,	ngs owned by the reporting perso write "none" or "n/a")	n - See instructions]	when	is instructions for and where to file this are located at the bottom ge 2.
MALLO			file ti	RUCTIONS on who must his form and how to fill it egin on page 3.

		<u>)</u>		
PART D INTANGIBLE PERSONAL PROPERT (If you have nothing to report, write	"Y [Stocks, bonds, certificates of deposit, etc See inst	ructions)		
	1	ξουνα ^{±α} α! ξ ^{ωνο} ρο,[]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES		
		ends ends		
4027~w34m Torn.	Home	5510m] 28-,		
PART E - LIABILITIES [Major debts - See instru	ictions]			
(If you have nothing to report, write	"none" or "n/a")	·		
NAME OF CREDITOR	ADDRESS	OF CREDITOR		
N/B				
	·			
PART F INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positions in certain types of busin	seese . See instructional		
(if you have nothing to report, write "n	one" or "n/a") BUSINESS ENTITY#1			
NAME OF BUSINESS ENTITY	1	BUSINESS ENTITY#2		
ADDRESS OF BUSINESS ENTITY	Ali	Alle		
PRINCIPAL BUSINESS ACTIVITY	WH .	1 W.		
POSITION HELD WITH ENTITY				
I OWN MORETHAN A 5% INTEREST IN THE BUSIN	ESS			
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHE	ET PLEASE CHECK HERE		
SIGNATURE (required):	DATE SIGNED (re	A CLEAR TO STATE OF THE STATE O		
A Company of the Comp	,			
- A Edd	1/23/20)/U		
- CA COU	1/20/00	<i>,</i> 1		
If a certified public accountant licensed under Ci she must complete the following statement:	hapter 473, or attorney in good standing with the	Florida Bar prepared this form for you, he or		
•	recommend the CE Earn 4 in manual and	Continue de Carte de		
he instructions to the form. Upon my reasonable	prepared the CE Form 1 in accordance, prepared the CE Form 1 in accordance knowledge and belief, the disclosure herein is t	rue and correct:		
Signature		Date		
	FILING INSTRUCTIONS:			
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:		
After completing all parts of this form, Including	If you were mailed the form by the Commission	initially, each local officer/employee, state officer.		
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Supervisor of Elections for your annual disclosure filling, return the form to that	and specified state employee must file within 30 days of the date of his or her appointment		
, , ,	location.	or of the beginning of employment. Appointees		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor of Elections of the county in which they permanently	who must be confirmed by the Senate must file		
section(s).	reside. (If you do not permanently reside in Florida.	prior to confirmation, even if that is less than 30 days from the date of their appointment.		
NOTE	file with the Supervisor of the county where your agency has its headquarters.)	Candidates for publicly-elected local office must file		
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a	State officers or specified state employees file	at the same time they file their qualifying papers.		
calendar or fiscal year is not required to file a	with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address:	Thereafter, local officers/employees, state officers, and specified state employees are required to file		
second Form 1 for the same year. However, a candidate who previously filed Form 1 because of	325 John Knox Road, Building E, Suite 200,	by July 1st following each calendar year in which finey hold their positions.		
another public position must at least file a copy of	Tallahassee, FL 32303. Candidates file this form together with their	Finally, at the end of office or employment, each		
his or her original Form 1 when qualifying.	qualifying papers.	local officer/employee, state officer, and specified state employee is required to file a final disclosure		
	To determine what category your position falls	form (Form 1F) within 60 days of leaving office or it		
	under, see the "Who Must File" instructions on page 3.	employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve		
	Facsimiles will not be accepted.	the filer of filing a CE Form 1 if he or she was in their		
		position on December 31, 2013.		