FORM 1	STATEMENT OF		2013		
Please print or type your name, malling address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	NAME:			::3	
MAILING ADDRESS :		\$			
		-		<u>.</u>	
CITY:	ZID. COUNTY:			· Dh e	
Lynn Stoner 224084 NAME OF / 100 Sw 101st Ter				TO THE STATE OF TH	
Plantation FL 33324	4.15				
NAME OF C Plantation					
You are not limited to the space on the limited to the space of the limited to the limited to the space of the limited to the li	es on this form. Attach additional shee OR NEW EMPLOYEE OR	1			
CHECK ONLY IF CANDIDATE					
DICCI OCUDE DEDIOD:	PARTS OF THIS SECT				
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLE. EITHER (must check one):	R FINANCIAL INTERESTS FOR T ASE STATE BELOW WHETHER	HE PRECEDING TAX YEA THIS STATEMENT IS FOR	R, WHETH THE PRE	IER BASED ON A CALENDAR CEDING TAX YEAR ENDING	
DECEMBER 31, 20	13 <u>or</u> d specif	Y TAX YEAR IF OTHER TH	AN THE C	ALENDAR YEAR:	
MANNER OF CALCULATING REP FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	IG REPORTING THRESHOLDS 1 RATIVE THRESHOLDS, WHICH	HAT ARE ABSOLUTE DOL ARE USUALLY BASED ON	LAR VALU I PERCEN	ES, WHICH REQUIRES FEWER TAGE VALUES (see instructions	
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to lort, write "none" or "n/a")	he reporting person - See ins	tructions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Stoner Construction, Inc	1005WIOITERT,	1005W101Terr., Plantelin, Fc		Construction	
Kubicii Draper	VE. Rrowerd Bird	JE. Browsed Bird, Fg. Land, FL		Law	
PART B SECONDARY SOURCES O	FINCOME				
[Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busines	ses owned by the reporting po	erson - See	instructions	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
		Confinetion the column to the	i i		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			and w	INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
312 nu 69 Aue, #151, Plantetin, FC 33317 302 nu 69 Aue, #158, Plantetin, FC 33317			INSTRUCTIONS on who must file this form and how to fill it out		
302 nu 69 Ane, #158, Hantetin, +(333)1				on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write	Y (Stocks, bonds, certificates of deposit, etc See in	structions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stock, Bonds, Retirement	Installan				
ofoce, so les si les	0				
PART E LIABILITIES (Major debts - See instru (If you have nothing to report, write	ctions] "none" or "n/a")				
NAME OF CREDITOR	ADDRE	ADDRESS OF CREDITOR			
BB+T Htg					
PART F — INTERESTS IN SPECIFIED BUSINESSI	ES [Ownership or positions in certain types of bu	sinesses - See Instructions)			
(If you have nothing to report, write "r	one" or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSIN	DESS				
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SH				
SIGNATURE (required):	DATE SIGNED	<u>(required):</u>			
In Honer	7/1/14				
If a certified public accountant licensed under	Chapter 473, or attorney in good standing with	the Florida Bar prepared this form for you,			
he or she must complete the following stateme	prepared the CF Form 1 in a	ccordance with Section 112.3145, Florida			
I, Statutes, and the instructions to the form. Upo	n my reasonable knowledge and belief, the dis	closure herein is true and correct.			
Signature		Date			
	FILING INSTRUCTIONS:				
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE: Initially, each local officer/employee, state officer,			
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 were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to	and specified state employee must file within 30 days of the date of his or her appointment			
If you have nothing to report in a particular	that location. Local officers/employees file with the	or of the beginning of employment. Appointees who must be confirmed by the Senate must file			
section, you must write "none" or "n/a" in that section(s).	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	prior to confirmation, even if that is less than 30 days from the date of their appointment. Candidates for publicly-elected local office must			
NOTE: MULTIPLE FILING UNNECESSARY:	county where your agency has its headquarters.)	file at the same time they file their qualifying			
Generally a person who has filed Form 1 for a	State officers or specified state employees	papers.			

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.

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.

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 filler of filing a CE Form 1 if he or she was in their position on December 31, 2013.