FINANCIAL INTERESTS FOR OFFICE USE ONLY: ### ANAME - PRIST NAME - MIDDLE NAME: ### ANAME OF SPING Rid IN CIRCLE CITY: ### COUNTY: NAME OF AGENCY: ### BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** **PLACE ONLY IF CANDIDATE OR SOUGHT: **PLACE ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE *** **DISCLOSURE PERIOD **HIS STATE BELOW WHETHER THIS STATE BELOW WHETHER THIS STATE BELOW WHETHER THIS STATE HERCEDING TAX YEAR, WHETHER BASED ON A CALENDAR RITHER FINE OF THE PRECEDING TAX YEAR WHETHER BASED ON A CALENDAR RITHER FINE OF THE PRECEDING TAX YEAR WHETHER BASED ON A CALENDAR RITHER FINE OF THE PRECEDING TAX YEAR WHETHER BASED ON A CALENDAR RITHER FINE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR WHETHER BASED ON A CALENDAR RITHER FINE STATEMENT IS FOR THE PRECEDING TAX YEAR RUBING EITHER (must check one): #### DECEMBER 31, 2014 OR STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR RUBING EITHER FINE STATEMENT OF THE PRECEDING TAX YEAR RUBING EITHER FINE STATEMENT OF THE PRECEDING TAX YEAR RUBING REPORT YEAR RUBING TAX YEAR RUBING THE RUBING TAX YEAR RUBING T	FORM 1	STATEMENT OF			2016		
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	Ft. Myers, Fl			this fo	orm and how to fill it out		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
DROP						
PART E — LIABILITIES [Major debts - See instructions	anna an an					
(If you have nothing to report, write "non-						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Suncoast Credit Union	P.O. Box 1904 Tampa, F1 33680					
Penny Mac, Loan Services	PO Box	660929 D	allas, Tx 75266-0928			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY	NON8	_	BOSINESS 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						
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.						
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.						
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY				
Signature:		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 statement:				
_ Clane I. adam_		I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.				
Date Signed:		CPA/Attorney Signature				
5/30/16						
		Date Signed:				
_	FILING INSTR		WHEN TO FILE.			
WHAT TO FILE: WH	IERE TO FILE:		WHEN 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, write "none" or "n/a" in that section(s).

NOTE

MULTIPLE FILING UNNECESSARY:

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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 page 3 of instructions.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.





NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888

