FORM 1	STATEMEN'	STATEMENT OF		2016	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME:  FICIMON TI - DAMON - TODO			64		
MAILING ADDRESS: 11875 KING JAMES CT				) LI.	
CHE CONDR 3399/ CEC					
CAPY COMPY: COUNTY:  CAPY COMPY MUNICIPAL POWS, ON FUND  NAME OF AGENCY:			MAY 1 6 2017	MAY 1724 1052	
NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD OR SOUGHT:			•	2	
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT:		Supervisor of Elect Lee County, Flori	iions ፫፫ ida ዌ	
You are not limited to the space on the lie CHECK ONLY IF   CANDIDATE	nes on this form. Attach additional sheets, if nece		200 272,	ida (oF1	
**** 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, 20	016 OR   SPECIFY TAX Y	'EAR IF OTHER THAI	N 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 (must check one):					
□ COMPARATIVE (PERCENTAGE) THRESHOLDS OR .☑ DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	ICOME [Major sources of income to the report ort, write "none" or "n/a")	ting person - See instru	ctions		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
CITY of CAPE Com	- gos willsups faint		FIRMICHTON		
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 NAME OF MAJOR SOURCES ADDRESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NA					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
W/M			INSTRUCTIONS on who must file this form and how to fill it out		
			begin on page 3.		

Stocks, bonds, certificates of deposit, etc See one" or "n/a")	instructions C C V C				
	O WHICH THE PROPERTY BELLATES				
	7077   0 2017				
	Supervisor of Elections				
ins] ine" or "n/a")	Lee County, Florida				
ADDRESS OF CREDITOR					
15421 5- PAMAN, 7	m. FT myas 33508				
[Ownership or positions in certain types of le" or "n/a")  BUSINESS ENTITY # 1	businesses - See instructions]  BUSINESS ENTITY # 2				
NA	17				
	71AY [7a				
	78				
	1082				
s	전				
	Ŕ				
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.					
RE CONTINUED ON A SEPARATE S	HEET, PLEASE CHECK HERE				
ER:  CPA or AT  If a certified public a in good standing will she must complete	accountant licensed under Chapter 473, or attorney the the Florida Bar prepared this form for you, he or the following statement:				
ER:  CPA or AT  If a certified public a in good standing will she must complete  I,  Form 1 in accordan	accountant licensed under Chapter 473, or attorney the the Florida Bar prepared this form for you, he or the following statement:				
ER:  CPA or AT  If a certified public a in good standing will she must complete  I,  Form 1 in accordan instructions to the form disclosure herein is  CPA/Attorney Signar	accountant licensed under Chapter 473, or attorney the the Florida Bar prepared this form for you, he or the following statement:				
	ADDE    SYZI S - Please     SYZI S - Please				

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.

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

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

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