FORM 1		STATEN	MENT OF		2017	
Please print or type your name, mailing address, agency name, and position below.	w: FIN	NANCIAL	INTEREST	S	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MI	DDLE NAME :	OAMIN	TO 00			
MAILING ADDRESS:  [195 King James CT]						
NECEIVED:						
CITY: CAPE Coran 3388/ COUNTY: LEE MAY 2 2 2018						
NAME OF AGENCY:  CAPE COM MUNICIPAL FINE ROTHERS REPRESENTED Supervisor of Elections  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  Lee County Fig. 1.						
V						
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
**** 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	2017 <u>OR</u>	□ SPEC	IFY TAX YEAR IF OTHER T	HAN 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 INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
(178 0 / CAPS CONTER F.	D. 1015	CULTHIN	Park Buso	CMY	1 600mment	
Cer Honos	980	Homme	ank Bus		SPITAL	
	_					
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 BUSINESS ENTITY		ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/4	_					
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		
NIA					ted at the bottom of page 2.	
				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	s, bonds, certificates of deposit, etc	See instructions]				
(If you have nothing to report, write "none TYPE OF INTANGIBLE	•	V TO MUICUITUE PROPERTY DEL ATEC				
1 1/4	BUSINESS ENTIT	Y TO WHICH THE PROPERTY RELATES				
~/#						
PART E — LIABILITIES [Major debts - See instructions						
(If you have nothing to report, write "none	or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
BAW	544 PANIAM, TWAL FT MYAN /FL					
		<u> </u>				
PART F — INTERESTS IN SPECIFIED BUSINESSES		of businesses - See instructions]				
(If you have nothing to report, write "none"	BUSINESS ENTITY # 1	BUSINESS ENTITY#2				
NAME OF BUSINESS ENTITY		m me				
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY	MAY 2 2 2018					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST	Supervisor of Elections  Supervisor of Elections					
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 FILE	: CPA or	CPA or ATTORNEY SIGNATURE ONLY				
Signature:	If a certified publing	ic accountant licensed under Chapter 473, or attorney with the Florida Bar prepared this form for you, he or				
1 01	she must complete the following statement:					
	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					
Date Signed:	disclosure herein	is true and correct.				
-/22/18	CPA/Attorney Sig	CPA/Attorney Signature:				
5/22/18	Date Signed:					
FILING INSTRUCTIONS:						
If you were mailed the form by the Commission on Eth	s or a County Candidates file this	s form together with their filing papers.				

Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**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.

WHEN TO FILE: *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, 2017.



Supervisor of Elections Lee County-Florida