FORM 1	STATEMEN	T OF	2015	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	TERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE GIBLET MAILING ADDRESS: 7370 COLL	NAME: OMAS B, EGE PKY#21	0	12-07	
CITY: NAME OF AGENCY:	SFL 33907 zw: county: CUSING FINANCE AUTHUA	177	-16 дм08:40	
	OR SOUGHT: A P D M E A1 B E s on this form. Attach additional sheets, if nec OR NEW EMPLOYEE OR APPOIN	200		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	PARTS OF THIS SECTION INTERESTS FOR THE PREASE STATE BELOW WHETHER THIS STATE OF THE PREASE STATE BELOW WHETHER THIS STATE STATE OF THE PREASE STATE OF	 ECEDING TAX YEAR, WI	HETHER BASED ON A CALENDAR PRECEDING TAX YEAR ENDING	
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 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	1	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
THE BIRCH PROPER	115-AEALTOAS	7370 COLLEGI	EPHY# 210 FTAI	
BFUITAIX CORPOR	ATION & METMO WA	AFHOUSE 3	\$ 7370 50UTWEST, L	
ALL BEAL ESTATE LISTED IN PART 11C11				
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	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
STOCKS BONDS & C	AH AT BANK (FAMERIC	A-FYM	
	UNTAVST - FOR	WATBU	ST-SANIBEL	
PART C REAL PROPERTY [Land, bui	dings owned by the reporting person - See in t, write "none" or "n/a")	FII	LING INSTRUCTIONS for when d where to file this form are	
HOME - 11271 GMEEN: OFFICE BLD -)3	FOOF LANDING F	1M 33908 IN	cated at the bottom of page 2. STRUCTIONS on who must file is form and how to fill it out gin on page 3.	
WARE HOUSES - LA METAD PK CE FORM 1 - Effective: January 1, 2016 Incorporated by reference in Rule 34-8 202(1). FA.C.	FUAT MONTHUED ON TEVERS S	11,680 F	PAGE 1	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificated (If you have nothing to report, write "none" or "n/a")	es of deposit, etc See instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
STOCKS BLUDS/CASH AT-BAN	IK OF AMERICA & SUNTAINST	
& SANIBEL C.	APTIVIA TAUST	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
COLUMBIA LIFE CO. 7370	COLLEGE PHY FTM 33907	
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or position (If you have nothing to report, write "none" or "n/a") BUSINE NAME OF BUSINESS ENTITY 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 put	SSENTITY#1 BUSINESS ENTITY#2 PROPERTIES FLORIDA AFALTOR OILEGE PHY# ZIC MYERS, FL. 33907 DENT 100%	
☐ I CERTIFY THAT I HAVE COMP	LETED THE REQUIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE CONTINUED O	N 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:	
Date Signed: THOMAS BIACH	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.	
/ (5 E / 1/	CPA/Attorney Signature:	
	Date Signed:	
FILING INSTI		
WHAT TO FILE: WHERE TO FILE:	WHEN TO FILE:	
After completing all parts of this form, including If you were mailed the fo	orm by the Commission <i>Initially</i> , 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 have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. 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

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, 2015.

7370 College Parkway #210 Birch Properties Florida

Fort Myers, Florida 33907



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