FORM 1		STATEM	IENT OF			2017
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTERES	STS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIC BUBBCK DEN		AME: CLARK				
MAILING ADDRESS: 280 DONORA			o			y Parti
~ OU LONORN I	15LV	2				<u> </u>
CITY:		ZIP: COUNTY:				125F#
FT. MYERS BOX		33931 LE	EE		/	0215
TOWN OF FT. M. NAME OF OFFICE OR POSITION F	YERS HELD OI	R SOUGHT:				18JUNZ5FM0215 SOE Lee (o F1
TOWN OF FT. M	YERS	BEACH TOWN CO	ouncil			Û ee ∫
You are not limited to the space on the CHECK ONLY IF CANDIDATI				\/		아티
**** 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 TISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):						
DECEMBER 31,	2017	OR 🗆 SPECII	FY TAX YEAR IF OTH	HER THA	N THE C	ALENDAR YEAR:
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF U CALCULATIONS, OR USING COM for further details). CHECK THE O	JSI <mark>NG</mark> F MPARA	REPORTING THRESHOLDS T TIVE THRESHOLDS, WHICH	ARE USUALLY BAS			
,		ENTAGE) THRESHOLDS	OR 🔼	DOLLA	R VALU	E THRESHOLDS
PART A PRIMARY SOURCES OF (If you have nothing to r			the reporting person - S	See instru	uctions]	
NAME OF SOURCE SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
BOBACK MANAGEMENT SERVE				CAROPHINIA ASSOCIATION MANAGOROE CO		
LOFRONO REAL ESTATE, IN	٠.	2100 ESTEROBLUD. FT. Myong Boncu F135131/		Runlesmare Sales		
						
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 OF BUSINESS' INCOME	ADDRES OF SOUR			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
BABACK MANAGOMUTSORICES 1	PRIJAN.	10 PARK CONDOMINELIM	3550 usex Dz. FT	T. MYGR	5 FL	Conocogiwine
BOSACIE MANAGEMENT Somewas	MANACOURT Some Pelican WATER CONDONINUM		2532 ESTORO BLID. FT. MY SIRS BOAR		CONDOMINIUM	
BOBBLE MANAGONES SAUCOS	VILLA D	El MAR CONDMINIUM	4450 ESTEROBLY	O. FT. MYC	rs bone H	CONDUMINIUM
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	G INSTRUCTIONS for when here to file this form are	
- 					INSTR	d at the bottom of page 2. UCTIONS on who must file orm and how to fill it out
		-			begin	on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	cks, bonds, certificate e" or "n/a")	s of deposit, etc See ins	tructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
INTEREST IN BUSINESS	BOBACK A	IANAGOMOT SOR	onot Sorving LLC		
	_				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
FIFTH THRO BANK	5050 Kingsley IMGCZI		CINCLINATI, OH 45263		
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	or "n/a")	ns in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY	h // /1				
PRINCIPAL BUSINESS ACTIVITY	/V/N				
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 and	.				
IF ANY OF PARTS A THROUGH G ARE	CONTINUED OF	N A SEPARATE SHE	ET, PLEASE CHECK HERE		
Signature: Signature: Date Signed: 6-25-18		CPA or ATTORNEY SIGNATURE ONLY 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: I,			
FILING INSTRUCTIONS:					

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. 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. <u>Do not email your form to the Commission on Ethics, it will be returned</u>.

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.

Candidates file this form together with their filing papers.

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.

FORM 1 STATEMENT OF 2017 FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME - FIRST NAME - MIDDLE NAME : ATTACH MONE BOBACK ()Emus 1 LARK MAILING ADDRESS : 280 DONORA BLUP. 18JUN25FM0215 SDE Lee CoF CITY: COUNTY: FT. Myons BosnaH 1.60 NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT: TOWN OF FT. MYOUS BORGE TOWN COUNCE You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **** <u>BOTH</u> PARTS OF THIS SECTION <u>MUST</u> 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** OR SPECIFY TAX YEAR IF OTHER THAN 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 X**_ 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 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** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** Myedet PARK WEST CONSUMMEN 6916 CEADARDERST OR FLANGUES BOBACK MANAGORIONE SERVICUS Consominion ESTERO BERGY CLUB EST CONDUM 2690 ESTERO BLD. FT. MYONG BERNY Conoculivism

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

FILING INSTRUCTIONS for when and where to file this form are located 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 [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			
	NI/N			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none	 " or "n/a")	i Marie La Carlo de La Carlo de Comercia de la Ri		
NAME OF CREDITOR	, /	ADDRES	S OF CREDITOR	
	1///			
PART F — INTERESTS IN SPECIFIED BUSINESSES [C	Ownership or position	s in certain types of bus	inesses - See instructions]	
(If you have nothing to report, write "none"	or "n/a") BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	,			
PRINCIPAL BUSINESS ACTIVITY	11/	Λ		
POSITION HELD WITH ENTITY	1///			
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 FILE	R:	CPA or ATTO	DRNEY SIGNATURE ONLY	
Signature:	7	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:		
De Malea	alv	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:		
6-25-18		Date Signed:		
FILING INSTRUCTIONS:				
			and the state of t	

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Candidates file this form together with their filing papers.

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.

FORM 1	STATEN	STATEMENT OF			
Please print or type your name, mailing address, agency name, and position below	" FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MID			_		
BOBOCK DEN	NIS CLARK	ATT	ACHMONT		
MAILING ADDRESS: 280 Dowoed B	1 130.	3	ACHMONT, #Z		
LOU WAUKN			#2		
CITY: FT. Myons Bonch	ZIP: COUNTY: 3393)	LEC	18,JUN25PM0215		
NAME OF AGENCY: TOWN OF FT. MYN		9	5 РnO;		
NAME OF OFFICE OR POSITION H	HELD OR SOUGHT:		<u>ប</u> ភ		
	BEALL TOWN COUN	٠ د. ((A)		
•	e lines on this form. Attach additional she				
CHECK ONLY IF CANDIDATE		, ,	∫ ee ()		
**** PO7	THE SECTION THE SECTION	TO PRIOT DE COMPI			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	TH PARTS OF THIS SECTOUR FINANCIAL INTERESTS FOR THE PLEASE STATE BELOW WHETHER	THE PRECEDING TAX YEAR, W	HETHER BASED ON A CALENDAR		
DECEMBER 31,	2017 <u>OR</u> D SPECI	FY TAX YEAR IF OTHER THAN TI	HE 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):					
	(PERCENTAGE) THRESHOLDS	, , , , , , , , , , , , , , , , , , ,	ALUE THRESHOLDS		
	INCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See instruction	ns]		
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
	71///				
	11/1/				
PART B SECONDARY SOURCES					
[Major customers, clients,	[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	7.001.200				
BOBACH MANAGENT SERVICES C	SANTA MARIA RESOLT COLOURUMEN	7307 ESTERO BLO. FT. MYOU	Bu Consominion		
BOCKER MALGORIOG SANGES SANGARING BLOG Z COLDUNA 7317-1327 CSTONUBLUD. FILM					
PART C REAL PROPERTY [Land, (If you have nothing to re	, buildings owned by the reporting perso eport, write "none" or "n/a")	Į FII	LING INSTRUCTIONS for when		
			cated at the bottom of page 2.		
A/A			STRUCTIONS on who must file is form and how to fill it out		
/ / /			gin on page 3.		

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	E	BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES	
M/M				
PART E — LIABILITIES [Major debts - See instructions]			
(If you have nothing to report, write "none	e" or "n/a")			
NAME OF CREDITOR		ADDRES	S OF CREDITOR	
1/1				
///				
PART F — INTERESTS IN SPECIFIED BUSINESSES [0	Ownership or position	s in certain types of bus	inesses - See instructionsl	
(If you have nothing to report, write "none" or "n/a")			BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	Boomeoc	CIVILLE I	550255 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			A STATE OF THE STA	
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 ATTORNEY SIGNATURE ONLY			
7		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:		
Signature://	1			
Al Calen		I,, prepared the CE		
Africa Chapline		Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the		
B to Change to		disclosure herein is true		
Date Signed:		CPA/Attorney Signature:		
6-25-18		Date Signed:		
FILING INSTRUCTIONS:	_			

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