FORM 1	STATEM	IENT OF	2019		
Please print or type your name, mailing address, agency name, and position below	w: FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME: Botana Dewick Jevome MAILING ADDRESS: 801 Via Monte (avlo Way Vnit 313) Estevo 33923 Lee CITY: Zip: COUNTY: CONS evection Land Acquisition & Stewardship Advisor (committee) NAME OF AGENCY: Mem Devship NAME OF OFFICE OR POSITION HELD OR SOUGHT:					
CHECK ONLY IF CANDIDATE	E OR W NEW EMPLOYEE OF	R APPOINTEE			
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019. 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	l so	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Bry Water Boat Clube Rentals 514 Bonits Bach Rol Bonits Spring FL 34134 Management/co-own					
Epps McClendon Plaz	a 180 Westmanst. La 5040 Bonita Beach Ro			Management/(0-0WNEV	
Dolard C Trio	3030 FOW IDACK A	73	141)	
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	
None					
DADT C. DEAL PROPERTY (Long	d buildings award by the reporting ners	on - See instructions	You ar	e not limited to the space on the	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			lines o	on this form. Attach additional s, if necessary.	
8011 via monte Carlo way Esteva FL. 33913 Unit 313			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
279 West main St. Lake Gity SC 29056				INSTRUCTIONS on who must file this form and how to fill it out	
280 west main St. LakeCity SC 29056 begin on page 3. (Continued on reverse side) PAGE 1					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, both the control of	onds, certificates of deposit, etc See instructions]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Stacks Fou	Ford Motor Company				
,					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "	"n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
TO Auto Finance PO	D BOX 100495 Columbia SC 29404				
South State Bank PO	1 ROX 118068 (harleston SC 29413				
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 Bay	y Water Bost Club & Renta Is Eass Mc Clerky Plaza				
ADDRESS OF BUSINESS ENTITY	Bonits Bork Rd BiSP1.3454 275 West Main St. Lake (it & 2)				
PRINCIPAL BUSINESS ACTIVITY Mgi	naciement Owner Management Owner				
POSITION HELD WITH ENTITY	ce President President				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS YE	45				
NATURE OF MY OWNERSHIP INTEREST	5990				
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.					
	NTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
<u>SIGNATURE OF FILER:</u>	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				
\bigcirc 1111-	she must complete the following statement:				
Herric G. Botana	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the				
71 100	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.				
Date Signed:	CDA/AH				
8/31/2040	CPA/Attorney Signature:				
	Date Signed:				
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. 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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filling 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.

 ${\it Candidates}$ 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, 2019.



John Manning District One

August 3, 2020

Cecil L Pendergrass District Two

Larry Kiker District Three

e I

Brian Hamman District Four

Frank Mann District Five

Roger Desjarlais County Manager

Richard Wm. Wesch County Attorney

Donna Marie Collins Hearing Examiner Derrick Botana

8011 Via Monte Carlo Way, Unit 313

Estero, FL 33928

RE: FINANCIAL DISCLOSURE

Dear Mr. Botana,

It has been brought to my attention that your membership on the **Conservation Land Acquisition & Stewardship Advisory Committee** designates you as a local officer and requires you to file Form 1 Financial Disclosure annually as defined by Florida Statute. I have enclosed the necessary Form 1. Please complete the form and file it with the Supervisor of Elections Office in the county where you reside.

Please complete the form and file it with the Supervisor of Elections Office in the county where you reside as soon as possible. If you reside in Lee County, please mail the completed form to:

Supervisor of Elections P.O. Box 2545 Fort Myers, FL 33902-2545

Or you can email the completed form to Tammy Lipa at tlipa@lee.vote

Thank you for your attention to this matter.

Sincerely,

Rose

Rose Bahena Lee County Administration 239-533-2221 rbahena@leegov.com