FORM 1	STATEMENT OF	1	2018			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	STS	FOR OFFICE USE ONLY:			
LASTNAME - FIRST NAME MIDDLE  BOWLY  MAILING ADDRESS:  PO BOX 71	NAME: CHON LINTON		19.00 10.00 10.00			
CITY:  BOCA GRANDE FL  NAME OF AGENCY:  BOCA GRANCLE F  NAME OF OFFICE OR POSITION HELD  WYN M 15510NC  You are not limited to the space on the lines  CHECK ONLY IF CANDIDATE OF	on this form. Attach additional sheets, if necessary.	on bla	9.11.N25900835 SQE Lee Co F1			
**** BOTH P	ARTS OF THIS SECTION <u>MUST</u> BE					
THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):	INANCIAL INTERESTS FOR THE PRECEDING TA E STATE BELOW WHETHER THIS STATEMENT IS					
DECEMBER 31, 2018	$\underline{OR}$ $\square$ SPECIFY TAX YEAR IF OTH	IER THAN TH	E CALENDAR YEAR:			
101 further details). CHECK THE ONE Y	REPORTING THRESHOLDS THAT ARE ABSOLUTI TIVE THRESHOLDS, WHICH ARE USUALLY BAS DU ARE USING (must check one):	LD ON PERC	PENTAGE VALUES (see instructions			
Teller State and the state of t		1	LUE THRESHOLDS			
to roport,	IE [Major sources of income to the reporting person - Swrite "none" or "n/a")	See instructions	3]			
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Bowen (ONS TUCTION, IX:	TOUCK IT DOCK (Rando, F	4 6	ENERAL Contractor			
	3392	1				
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")						
	ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Sowen Const. New	Ulin's Rotal Sono 446 4th	BG, FL	- Pental Prosoite			
	ven CONST. 446 445 B	6,FL	Bental Property			
TARTO - REAL PROPERTY [Land, building	s owned by the reporting person - See instructions]	3592				
(If you have nothing to report, w	ite "none" or "n/a")	and v	NG INSTRUCTIONS for when where to file this form are ted at the bottom of page 2.			
Residence at 101 Dama	ficus Boca Grande F	INST	RUCTIONS on who must file form and how to fill it out non page 3.			
CE FORM 1 - Effective: January 1, 2019 Incorporated by reference in Rule 34-8.202(1), F.A.C.	Continued on reverse side)		PAGE 1			

PAGE 1

PART D - INTANGIBLE PERSONAL PROPERTY			
PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no	Stocks, bonds, certific one" or "n/a")	cates of deposit, etc See	instructions]
TYPE OF INTANGIBLE	1	i	
		200114C03 ENTITY	O WHICH THE PROPERTY RELATES
	<del> </del>		
PART F — LIADULTUS CAL	Control of the Contro		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nothing to report, write")	ns]		The second secon
NAME OF CREDITOR	ne or m/a")		
OF CREDITOR		ADDR	ESS OF CREDITOR
PART F INTERESTS IN SPECIFIED BUSINESSES	The first of the second of the	er ty an er i sageri, ha co sacre	The second secon
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	[Ownership or positi " or "n/a")	ions in certain types of b	usinesses - See instructions?
NAME OF BUSINESS ENTITY	BUSINE	ESS ENTITY#1	BUSINESS ENTITY #2
ADDRESS OF BUSINESS ENTITY	Bowen (	notruction, In	Braffor + Bette Bow
PRINCIPAL BUSINESS ACTIVITY	PoBox 71 Be	ca Grande FL 339	PoBox 71, Boca Gusto FL 3
	1 am . h . 1	1911	Daniel Company
POSITION HELD WITH ENTITY	Pulla	leat	David Property
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	5091	)	Trustaint 6
NATURE OF MY OWNERSHIP INTEREST	Strk		50%
PART G — TRAINING		Erstigenburg and spatial standardina Franc	1 570CK
For elected municipal officers required to complete ann	ual ethics training pu	rsuant to section 112 314	2 FS
I CERTIFY THAT I	HAVE COMPL	FTFD THE PEO	HDED TO A DAME.
IF ANY OF PARTS A TUROUS	The state of the s	TILD HIL KEW	URED TRAINING.
IF ANY OF PARTS A THROUGH G ARE SIGNATURE OF FILE	CONTINUED OF	NA SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE	<u> </u>	CPA or ATT	ORNEY SIGNATURE ONLY
Signature:		III II a centiled public acco	untant licenses de la co
		in good standing with the	ne Florida Bar prepared this form for you, he or following statement:
Malle		she must complete the	following statement:
		Form 1 in accordance v	vith Section 112.3145, Florida Statutes, and the
ate Signed:		instructions to the form. disclosure herein is true	Upon my reasonable knowledge and belief, the
. /			and dorredt.
6/20/19		CPA/Attorney Signature	
The Control of the Co		Date Signed:	
LING INSTRUCTIONS:		Control of the Contro	<ul> <li>Description of the Secretary Secretary Section Secretary</li> </ul>
ou were mailed the form by the Commission on Ethic	S OF a County Ca	indidates El	
pervisor of Elections for your annual disclosure filir in to that location. To determine what category your	on return the	Indidates file this form t	ogether with their filing papers.

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 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

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

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, 2018.

Bowen
Construction Co.
P.O. Box 71
Boca Grande, FL 33921



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

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