FORM 1	STATEN	MENT OF	2018			
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MII Burkhart Sandra MAILING ADDRESS : PO Box 433	DDLE NAME : <b>Kay</b> e					
	HELD OR SOUGHT :	eets, if necessary.	7.19JIJNO7ANO838 SDE Lee Co F1			
**** 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, 2018 OR DESPITE 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 OR DOLLAR VALUE THRESHOLDS						
PART A - PRIMARY SOURCES OF (If you have nothing to	FINCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See instr	ructions}			
NAME OF SOURCE QF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Social Security Husband	PO Box 433 Boca G	rande, FL 33921				
PART B - SECONDARY SOURCE [Major customers, clients (if you have nothing to NAME OF	S OF INCOME s, and other sources of income to busines report, write "none" or "n/a")  NAME OF MAJOR SOURCES	sses owned by the reporting pen	rson - See instructions] PRINCIPAL BUSINESS			
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land (If you have nothing to re	, buildings owned by the reporting perso eport, write "none" or "n/a")	n - See instructions]	FILING INSTRUCTIONS for when and where to file this form are			
12300 Oaks Lane, Seminole, FL 33772			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 [St (If you have nothing to report, write "nor	ocks, bonds, certificate	es of deposit, etc See in	structions]
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
N/A			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	" or "n/a"}		-
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1		BUSINESS ENTITY # 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			
PART G — TRAINING For elected municipal officers required to complete and	nual ethics training pur	suant to section 112.3142	, F.S.
☐ I CERTIFY THAT I	HAVE COMPL	ETED THE REQI	JIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	I A SEPARATE SHE	ET, PLEASE CHECK HERE
<b>SIGNATURE OF FILER:</b>		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:	
Somme Haye Bur	reart	instructions to the form.	, prepared the CE vith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the
Date Signed:		disclosure herein is true	and correct.
06/05/2019		CPA/Attorney Signature:	
		Date Signed:	
FILING INSTRUCTIONS:			
if you ware mailed the form by the Commission on Est			

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, Talkahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Talkahassee, 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.

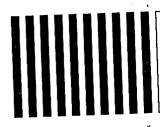
**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

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UNITED STATES