	2016		r type your name, mailing FINANCIAL INTERES		FORM 1		
NLY:	FOR OFFICE USE ONLY:	STS [			Please print or type your name, maili address, agency name, and position		
JUL 17 1	J			IAME :	MIDDLE I	LAST NAME FIRST NAME BURSON J. FRED	
					E DR	MAILING ADDRESS : 1228 MORNINGSIDE	
	·						
			:	ZIP: COUNTY 33901 LEE		FORT MYERS FL NAME OF AGENCY:	
				OR SOUGHT:	=	CITY OF FORT MYERS  NAME OF OFFICE OR POSITIO	
					MAN	WARD 5 COUNCILM	
						You are not limited to the space or CHECK ONLY IF CANDID	
			TO NATEE				
DAR NG	THER BASED ON A CALENDAR ECEDING TAX YEAR ENDING	YEAR. WHE	THE PRECEDING TA	ARTS OF THIS SEC NANCIAL INTERESTS FOR E STATE BELOW WHETHER	TS YOUR F	<b>DISCLOSURE PERIOD:</b> THIS STATEMENT REFLECTS	
	CALENDAR YEAR:	ER THAN THE	FIFY TAX YEAR IF OTH	OR C SPEC	R <b>31, 20</b> 16	DECEMBER 3	
EWER actions	UES, WHICH REQUIRES FEWE NTAGE VALUES (see instruction	DOLLAR VAL	HARFUSUALIY BAS	REPORTING THRESHOLDS TIVE THRESHOLDS, WHICH	OF USING I	MANNER OF CALCULATING ILERS HAVE THE OPTION OF CALCULATIONS, OR USING CONTROL OF FURTHER DESCRIPTIONS.	
	UE THRESHOLDS	OOLLAR VAL	•	ENTAGE) THRESHOLDS			
		ee instructions)	the reporting person - S	E [Major sources of income to vrite "none" or "n/a")	S OF INCOM	ART A PRIMARY SOURCES ( (If you have nothing to	
	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		SOURCE'S ADDRESS			NAME OF SOURCE OF INCOME	
SE .	REAL ESTATE BROKERAGE		PO BOX 60151 FORT MYERS, FL 33906		WOODYARD & ASSOCIATES		
	On line Real Estate School		same as above		Burson Real Estate School		
	Line Gun Sales	Ön	****	same as above		2 Ole Hunters	
	Instructions]	ing person - Sec	sses owned by the repor	er sources of income to busine	lients, and oth	ART B SECONDARY SOURC [Major customers, clien (If you have nothing t	
			ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE		9	NAME OF BUSINESS ENTITY	
_	ACTIVITY OF SOURCE						
_	ACTIVITY OF SOURCE					NONE	
_	ACTIVITY OF SOURCE					NONE	
hen	ACTIVITY OF SOURCE  S INSTRUCTIONS for when here to file this form are	FiLIN	n - See instructions]	s owned by the reporting perso	Land, building to report, w	NONE  ART C REAL PROPERTY [Lan (If you have nothing to	

PART D - INTANGIBLE REPSONAL PROPERTY (	Charles bands as 199			
PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no	Jocks, bonds, cerunce one" or "n/a")	ates of deposit, etc See in	istructions]	
TYPE OF INTANGIBLE	1	BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES	
NONE			WHICH THE FROM ENTENDED	
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	ns] ne" or "n/a")		JUL	
NAME OF CREDITOR	I	ADDRE!	SS OF CREDITOR	
IBERIA BANK			FEYETTA, LA 70505	
			E1E11A, EA 10000	
PART F — INTERESTS IN SPECIFIED BUSINESSES [ (If you have nothing to report, write "none"	or (van)	ions in certain types of bus ESS ENTITY # 1		
NAME OF BUSINESS ENTITY	_	Estate School LLC	BUSINESS ENTITY # 2 2 Ole Hunters LLC	
ADDRESS OF BUSINESS ENTITY		and Av #219 Ft Myers Fl	The state of the s	
PRINCIPAL BUSINESS ACTIVITY	On line Real Es		On line Gun Sales	
POSITION HELD WITH ENTITY	Owner/Instruc	ctor	Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes 25%		yes 50%	
NATURE OF MY OWNERSHIP INTEREST	managing me	ember of the LLC	managing member of the LLC	
PART G — TRAINING For elected municipal officers required to complete ann	nual ethics training pur	ursuant to section 112.3142,	, F.S.	
☐ I CERTIFY THAT I	HAVE COMPL	LETED THE REQU	JIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON			
SIGNATURE OF FILEI	<u>R:</u>		RNEY SIGNATURE ONLY	
Signature:		If a certified public accountant licensed under Chapter 473, or attorner in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,		
Date Signed:		disclosure herein is true a	and correct.	
7 3 301	7	Date Signed:		
	ILING INSTRI	UCTIONS:		
WHAT TO FILE:	EDE TO EU E.			

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, write "none" or "n/a" in that section(s).

# 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.

Facsimiles will not be accepted.

### WHERE TO FILE:

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.

## 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

17 1:15PI

City of Fort Myers City Clerk's Office PO Box 2217 Fort Myers, FL 33902

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Lee County Supervisor of Elections 2480 Thompson Street Fort Myers, FL 33901