

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Camp Julie Ann

MAILING ADDRESS :

806 Uka Lane

CITY : ZIP : COUNTY :

Fort Myers 33913 Lee

NAME OF AGENCY :

Lehigh Acres Municipal Services Improvement District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Seat 2

CHECK ONLY IF [] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

6/30

21 JUL 01 AM 08:41 SEELeeCoFl

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

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 INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: See Attached

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: See Attached

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 1 column: REAL PROPERTY. Row 1: See Attached

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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 |
|--------------------|---|
| None | |

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|-------------------------|--|
| Ally Financial Services | P O Box 951, Horsham, PA 19044 |
| Wells Fargo Bank NA | P O Box 14411, Des Moines, IA 50306-3411 |

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")

| NAME OF BUSINESS ENTITY | BUSINESS ENTITY # | |
|---|---------------------|---------------------|
| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 |
| ADDRESS OF BUSINESS ENTITY | none | |
| 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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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 FILER:

Signature:



Date Signed:



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, _____, 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.

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 CEFform1@leg.state.fl.us and retain a copy for your records. 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.

JULIE ANN CAMP
STATEMENT OF FINANCIAL INTERESTS
PART A. PRIMARY SOURCES OF INCOME
DECEMBER 31, 2020

| Name of Source of Income | Source's Address | Description of the Source's Principal Business Activity |
|--|---|--|
| ABC Framing | 806 Uka Lane, Fort Myers, Fl. 33913 | Art framing |
| Azure 224, Inc d/b/a Exit Select Realty | 18441 Telegraph Creek Lane, Alva, Fl 33920 | Residential real estate sales |
| Alimony | 4606 Woodbrooke Drive, Sarasota Fl. 34243 | Ex-spouse |
| Uber Technologies, Inc | 101 California Street, San Francisco, California, 94111 | Ride share driver |

JULIE ANN CAMP
STATEMENT OF FINANCIAL INTERESTS
PART B. SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON
DECEMBER 31, 2020

| <u>Name of Source of Entity Income</u> | <u>Name of Major Sources of Business's Income</u> | <u>Source's Address</u> | <u>Principal Business Activity of Source</u> |
|--|---|---|--|
| ABC Framing | News Press | 2442 Dr. Martin Luther King Jr. Blvd, Fort Myers, Fl. 33971 | Advertising |
| Residential real estate sales | Azure 224, Inc d/b/a Exit Select Realty | 18441 Telegraph Creek Lane, Alva, Fl 33920 | Residential real estate |
| Ex-spouse | Alimony | 4606 Woodbrooke Dr., Sarasota Fl. 34243 | Alimony |
| Ride share driver | Uber Technologies, Inc | 101 California Street, San Francisco, California, 94111 | Ride sharing |

JULIE ANN CAMP
STATEMENT OF FINANCIAL INTERESTS
PART C - REAL PROPERTY
DECEMBER 31, 2020

PROPERTY ADDRESS OR DESCRIPTION

1966 Florida Avenue, Englewood, Fl. 34224

Travis Campbell
856 W Lee Rd
J. Myers, FL 33913

*21JUL01A#0941 SOE Lee Co FI

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL
POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTRICIAN
PO BOX 2545
FT MYERS FL 33909-0545

2 FT MYERS FL 339
30 JUN 2021 PM 4 L



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

