

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Cannamela Tony Vincent

MAILING ADDRESS :

~~190527/AM0832 SHEL Lee Co F1~~
190527/AM0832 SHEL Lee Co F1
P.O. Box 50695

33994

Fort Myers

33905

Lee

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tier Five Commissioner & 20/20 Advisory Board

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

AC ✓
PM 8/22

190527/AM0832 SHEL 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 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 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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Pro max Compliance	P.O. Box 50695, Fort Myers, FL 33994	Self-serve Company

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
Buckingham Farms	RESTAURANT/Bar	12431 Orange River Blvd	RESTAURANT

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

See Attached

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
SEE ATTACHED	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

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 # 1	BUSINESS ENTITY # 2
		n/a
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

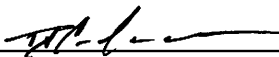
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

e 8/22/19

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) 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

Part "B" – Real Property

Cannamela, Tony V.

06-44-26-00-0021.0020	Corner Lot
06-44-26-00-0004.0030	Access Undetermined
06-44-26-00-0016.0000	Access Undetermined
06-44-26-00-0016.0030	4650 Justinwood, FL 33905
1-28-43-09-020-000-003.0	Hendry County

Part "D" Intangible Property

Anthony V. Cannamela Revocable Trust Dated October 4th 2010 (Stocks)
Two Pickwick Plaza, Greenwich, CT 06830

Anthony V. Cannamela Revocable Trust Dated October 4th 2010 (Account)
First Bank of Clewiston
11741 Palm Beach Blvd
Fort Myers, FL 33905

Bank account
First Bank of Clewiston
11741 Palm Beach Blvd
Fort Myers, FL 33905

Stock Portfolio (IRA)
Two Pickwick Plaza
Greenwich, CT 06830

Cannamela, Tony V.

Part "B" - Real Property

1-28-43-02-020-000-003.0 Hendry County
 06-44-26-00-0016-0030 4650 Justinwood, FL 33902
 06-44-26-00-0016-0000 Access, undetermined
 06-44-26-00-0017-0030 Access undetermined
 06-44-26-00-0021-0030 Corner lot

Part "D" - Intangible Property

Two Bickwick Plaza, Greenwich, CT 06830
 Anthony V. Cannamela Revocable Trust Dated October 4th 2010 (Stocks)

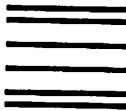
Fort Myers, FL 33902
 11741 Palm Beach Blvd
 First Bank of Clewiston
 Anthony V. Cannamela Revocable Trust Dated October 4th 2010 (Accounts)

Fort Myers, FL 33902
 11741 Palm Beach Blvd
 First Bank of Clewiston
 Bank account

Two Bickwick Plaza
 Stock Portfolio (IRA)

*19AUG27AM0832 SOE L ee Co F1

FT MYERS
FL 3398
22 AUG 19

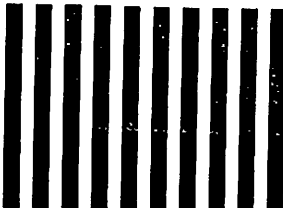


BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS FL 33902-9888

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



1948
1949
1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

Year	Value
1948	100
1949	105
1950	110
1951	115
1952	120
1953	125
1954	130
1955	135
1956	140
1957	145
1958	150
1959	155
1960	160
1961	165
1962	170
1963	175
1964	180
1965	185
1966	190
1967	195
1968	200
1969	205
1970	210
1971	215
1972	220
1973	225
1974	230
1975	235
1976	240
1977	245
1978	250
1979	255
1980	260
1981	265
1982	270
1983	275
1984	280
1985	285
1986	290
1987	295
1988	300
1989	305
1990	310
1991	315
1992	320
1993	325
1994	330
1995	335
1996	340
1997	345
1998	350
1999	355
2000	360
2001	365
2002	370
2003	375
2004	380
2005	385
2006	390
2007	395
2008	400
2009	405
2010	410
2011	415
2012	420
2013	425
2014	430
2015	435
2016	440
2017	445
2018	450
2019	455
2020	460
2021	465
2022	470
2023	475
2024	480
2025	485