FORM 1	STATEM	ENT OF	2017	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:	
LANT NAME FIRST NAME MUDDLE	NAME, Linda N	1 ichelle		
7701 Knightwi	na Circk		\$	
			JULQ JULQ	
Föx Myers. F.	33912 COUNTY (el	18JUL024M0907 SDE Lee CoF	ı
SCHOOL DISTRICT	of lee Co.		7 SIE	
HANCEPATION HELD	CR SOUGHT:	V	∫ee Ú	
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	s on this form. Attach additional sheet OF: NEW EMPLOYEE OR A	· I On k	b/28 [±]	
**** <u>BOTH</u>	PARTS OF THIS SECTI	ON <u>MUST</u> BE COI	MPLETED ****	
			AR, WHETHER BASED ON A CALENDAR THE PRECEDING TAX YEAR ENDING	
DECEMBER 31, 201	7 <u>OR</u> • SPECIF	Y TAX YEAR IF OTHER TH	HAN THE CALENDAR YEAR:	-
	G REPORTING THRESHOLDS TH RATIVE THRESHOLDS, WHICH A	ARE USUALLY BASED ON	LAR VALUES WHICH REQUIRES FEWER N PERCENTAGE VALUES (see instruction	
COMPARATIVE (PE	RCENTAGE) THRESHOLDS	OR N DOLL	LAR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INC	•	e reporting person - See ins	structions]	3570
NAME OF SOURCE OF INCOME	1 1	RCE'S RESS	DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY	
School District of le	elo: Colonia	1 Blyd.	School-Education	<u> </u>
PART B SECONDARY SOURCES OF [Major customers clients, and (If you have nothing to repo	dother sources of income to business	es owned by the reporting pe	person - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
\\	\mathcal{L}			
1				
PART C REAL PROPERTY [Land built [Land built]]		- See instructions]	FILING INSTRUCTIONS for when	, in the
(If you have nothing to report, write "none" or "n/a")			and where to file this form are located at the bottom of page 2.	
V_		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	:	

PART D — INTANGIBLE PERSONAL PROPERTY (Stock		ites of deposit, etc See in	structions]		
(If you have nothing to report, write "none" TYPE OF INTANGIBLE	or "n/a")	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
V / V			THE THE THE THE TENTE OF THE TE		
1/1					
	<u> </u>		The second of the second		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none")	or "n/a")				
NAME OF CREDITOR I	ADDRESS OF CREDITOR				
	5550 B		14 Hillard, OH 43026		
Divers manged		11110N. 1 KW	J. 111111111111111111111111111111111111		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ow	marshin or nosit	ions in cortain types of bus	singeres. See instructions!		
(If you have nothing to report, write "none" or	' "n/a")	ESS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	DUSINE	133 ENTIT # 1	BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY	10	Λ			
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 annua					
☐ I CERTIFY THAT I HA	AVE COMP	LETED THE REQ	UIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE C	ONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILER:		CPA or ATT	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				
Sunda C. Bern	instructions to the form	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.			
Date Signed:	CPA/Attorney Signature	CPA/Attorney Signature			
	Date Signed:	Date Signed:			
FILING INSTRUCTIONS:			A CONTROL OF THE PROPERTY OF T		
If you were mailed the form by the Commission on Ethic	s or a County	Candidates file this form	together with their filing papers.		
Supervisor of Elections for your annual disclosure filir form to that location. To determine what category your	nosition falls		IECESSARY: A candidate who files a Form r is not required to file with the Commission		

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 meal or email. Contact your Supervisor of Elections for the mailing accress or email address to use Do not email your form to the Comp ssion 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 PO Drawe: 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@led state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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, 2017

*18JUL02AMQ90750ELee(coF1

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