FORM 1		STATEMENT OF					2018	
Please print or type your name, mailing address, agency name, and position be		FINANC	IAL	INTERI	ESTS	S [	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME M Carter, Cindy Lee	IDDLE N	AME:		t a new tendende de de adopte (1) de 50 m en 1900 en 1				
MAILING ADDRESS : 3410 Palm Beach Blvd.						٠		
CITY: Fort Myers  NAME OF AGENCY:	3390	ZIP: COUNTY: D8 Lee						
NAME OF OFFICE OR POSITION Disaster Advisory Council			<u> </u>					
You are not limited to the space on	the lines o	n this form. Attach add	itlonal she					
CHECK ONLY IF CANDIDA	TE OF	R 🔲 NEW EMPL	OYEE O	R APPOINTEE		elegalis linkuiseides sik		
**** BC DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YEAR OR ON A FISCAL YEAR. EITHER (must check one):	YOUR FI		rs for	THE PRECEDING	TAX YEA	R, WHET	HER BASED ON A CALENDAR	
☐ DECEMBER 3	1, 2018	<u>OR</u> □	SPEC	FY TAX YEAR IF O	THERTH	IAN THE C	CALENDAR YEAR:	
	USING F DMPARA	REPORTING THRES TIVE THRESHOLDS	HOLDS , WHICH	FARE USUALLY BA			JES, WHICH REQUIRES FEWER	
•		ENTAGE) THRESH		or □	DOLL	AR VALU	JE THRESHOLDS	
PART A PRIMARY SOURCES C				the reporting person	- See ins	tructions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lee County BoCC		3410 Palm Beach Blvd.				Lee County Gov. Agency		
		Fort Myers, FL 33916						
DADE D. OFFICE BY COURSE	-0.05 N							
PART B SECONDARY SOURCE [Major customers, clien (If you have nothing to	ts, and ot	her sources of income		sses owned by the re	porting pe	rson - See	instructions]	
NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME			ADDRESS OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None	N/A			N/A			N/A	
						Andrew Armania		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					FILING INSTRUCTIONS for when and where to file this form are			
3.9, Lot 20 Westwood Acres						Instructions on who must file this form and how to fill it out begin on page 3.		
Live Oak, FL								

			March Control of the Control of the Control of Control			
PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "non		es of deposit, etc See in	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Mutual Funds Acct.	Edward Jones					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Suncoast Federal Credit Union	P.O. Box 11904 Tampa, FL 33608					
PART F — INTERESTS IN SPECIFIED BUSINESSES ( (If you have nothing to report, write "none"		ons in certain types of bus	sinesses - See instructions]			
(ii you have nothing to report, write from	BUSINES	SS ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	None					
ADDRESS OF BUSINESS ENTITY	N/A					
PRINCIPAL BUSINESS ACTIVITY	N/A					
POSITION HELD WITH ENTITY	N/A					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A					
NATURE OF MY OWNERSHIP INTEREST	N/A					
PART G — TRAINING						
For elected municipal officers required to complete and						
☐ I CERTIFY THAT I	HAVE COMPL	ETED THE REQ	UIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE	CONTINUED OF	N A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILE	<u>R:</u>	CPA or ATTORNEY SIGNATURE ONLY				
Signature:	in good standing w		accountant licensed under Chapter 473, or attorney the the Florida Bar prepared this form for you, he or the following statement:			
Lindy L. Ca Date Signed:  June 14, 2019	rt	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	Signature:			
June 14, 2019	2		· ·			
		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 mall, 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 <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.