FORM 1	STATEN	MENT OF	2016		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MID	DLE NAME: 10CROT ANY	LIV	<b></b>		
MAILING ADDRESS:	3rd St.	1007	7JUN23941		
101 12 0	<u>,                                      </u>				
CITY: Cape Conal	ZIP: COUNTY: 33990	Lee [	PRECEIVE DE		
NAME OF AGENCY:		JUN 23 2017906 1			
NAME OF OFFICE OR POSITION H COMMUNITY DEV	400	Supervisor of Flections			
You are not limited to the space on the	lines on this form. Attach additional she	eets, if necessary.	Lee County, Florida		
CHECK ONLY IF CANDIDATE	Posterinia	No.			
DISCLOSURE PERIOD:	H PARTS OF THIS SEC				
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FOR T LEASE STATE BELOW WHETHER	THE PRECEDING TAX YEAR, THIS STATEMENT IS FOR TH	WHETHER BASED ON A CALENDAR HE PRECEDING TAX YEAR ENDING		
DECEMBER 31,	2016 <u>OR</u> 🗀 SPECI	IFY TAX YEAR IF OTHER THAN	NTHE CALENDAR YEAR:		
CALCULATIONS, OR USING COM	SING REPORTING THRESHOLDS TIPARATIVE THRESHOLDS, WHICH	HARE USUALLY BASED ON P	R VALUES, WHICH REQUIRES FEWER PERCENTAGE VALUES (see instructions		
for further details). CHECK THE ONE YOU ARE USING (must check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  DOLLAR VALUE THRESHOLDS					
	INCOME [Major sources of income to eport. write "none" or "n/a")	the reporting person - See instruc	ctions]		
NAME OF SOURCE OF INCOME	I	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Salanz		De Conal	City GONRANMENT		
WIRX'S Schan		School District	Cours School Board		
WREC dividends	Lecents, 1	-2	Runal electric co-op		
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	OF INCOME and other sources of income to busines eport, write "none" or "n/a")	sses owned by the reporting person	on - See instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS		
N/N	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE		
·					
PART C REAL PROPERTY [Land, (If you have nothing to re	buildings owned by the reporting perso port, write "none" or "n/a")	ï	FILING INSTRUCTIONS for when and where to file this form are		
N/A			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.			
		M			

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				
457 Plan - Care Corol	N/A - Personal account				
401 a Plan- Cope Corol	N/A-	De 501			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
AMEX FT. Lauder July EL					
Master Card, Visa		7			
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")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY					
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:		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			
Date Signed:		disclosure herein is true and correct.  CPA/Attorney Signature:  Date Signed:			
<u>FILING INSTRUCTIONS:</u>					
WHAT TO FILE: WH	HERE TO FILE:		WHEN TO FILE:		
After completing all parts of this form, including. If we	ou were mailed the forr	n by the Commission	Initially, each local officer/employee, state officer		

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).

## NOTE:

## 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.

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.

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

**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, 2016.