FORM 1

STATEMENT OF

2020

Please print or type your name, malling address, agency name, and position bel	low:	FINANCIAL	INTERES	STS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MI	DDLE NAME	:			
Cautero Vi	incent	Anthon	y		
MAILING ADDRESS :					
3400 Acapulco Circle					
CITY:	ZIP	: COUNTY:			
Cape Coral	33909	Lee			
NAME OF AGENCY :					
City of Cape Coral, FL					
NAME OF OFFICE OR POSITION	HELD OR	SOUGHT:			
Community Development I	Director				
CHECK ONLY IF (CANDIDA	TE OR	☐ NEW EMPLOYEE OF	RAPPOINTEE		
	**** TI	HIS SECTION MUS	ST BE COMPLE	ETED ****	
DISCLOSURE PERIOD:	YOUR EIL	IANOIAI INTEDESTS E	SS ON ENDAD VEAL	ם באוטואוס סבי	OCKIDED 24 2020
THIS STATEMENT REFLECTS	YOUR FIN	NANCIAL INTERESTS FO	OR CALENDAR YEAR	R ENDING DE	CEMBER 31, 2020.
MANNER OF CALCULATIN					
FILERS HAVE THE OPTION O					
FEWER CALCULATIONS, OR (see instructions for further details)					D ON PERCENTAGE VALUES
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PART A PRIMARY SOURCES O			the reporting person - Se	ee instructions]	
(if you have nothing to	report, writ	e "none" or "n/a")		2.5	
-	report, writ	*			SCRIPTION OF THE SOURCE'S
NAME OF SOURCE OF INCOME	report, writ	SO	JRCE'S DRESS	l DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
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NAME OF SOURCE OF INCOME Salary from position PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	ES OF INCO	SO AD 015 Cultural Park Blv ME sources of income to busine te "none" or "n/a")	JRCE'S DRESS vd., Cape Coral sses owned by the report	Municip Municip	pal government instructions]
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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						
401A retirement plan	through ICMA offered by City of Cape Coral						
Savings account	Suncoast Credit Union						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
None							
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	" or "n/a")	s in certain types of bus	inesses - See instructions] 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: Signature: Date Signed: May 17, 2021	<u>:R:</u>	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

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 CEForm1@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.