FORM 1	STATEM	STATEMENT OF				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	rs [FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDD				4		
COOK CHARL	Es E.			17.		
MAILING ADDRESS :						
1230 GASPAN	ILLA DA.			<u> </u>		
				/		
CITY: FONT MYELS	ZIP: COUNTY: FL. 33901	LEE		17JUND6AM0853 SDE Lee Co F1		
NAME OF AGENCY: EAST BONITS BEA		/ -		_ Lee ()		
NAME OF OFFICE OR POSITION HE	LO OR SOUGHT:	STUCT	/			
Supenvison	<u> </u>		. /	-		
You are not limited to the space on the li	1	•	V			
CHECK ONLY IF (CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE				
			~	The second for the following second s		
	H PARTS OF THIS SECT	ION <u>MUST</u> BE C	OMPLET	「ED ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FOR T	HE PRECEDING TAX Y	EAR, WHET	HER BASED ON A CALENDAR		
YEAR OR ON A FISCAL YEAR. PLEITHER (must check one):			•			
DECEMBER 31, 2	016 <u>OR</u> □ SPECIF	FY TAX YEAR IF OTHER	THAN THE (CALENDAR YEAR:		
MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF USI CALCULATIONS, OR USING COMP	ING REPORTING THRESHOLDS T					
for further details). CHECK THE ON			U	111102 1111022 (000 11111211111111111111		
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	NCOME [Major sources of income to poort, write "none" or "n/a")	the reporting person - See	instructions]			
NAME OF SOURCE OF INCOME				ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
CODSTAL ENTENPHIS	E CUE 1230 CASPA	ALLIA DA FOR	-	REAL ESTATE		
	- 240 1000 (41.1-		, = ,	TENC ESTAGE		
			_			
PART B SECONDARY SOURCES ([Major customers, clients, a	DF INCOME	sses owned by the reporting	nerson - See	e instructions]		
	port, write "none" or "n/a")	,) poice	, mott dottorioj		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME					
MA						
- - 			-			
SART C. DEAL BRODERTY II and h	l hu the tenerting perso	Continuitional		क्रियामा अस्ति भेद्रांके निर्मे क क्रिया करा क्रियामा अस्ति क्रिया क्रिया		
(ii you have nothing to report write mone of that)				G INSTRUCTIONS for when where to file this form are		
1230 GASPA~~~	INST	ed at the bottom of page 2. RUCTIONS on who must file				
1256 MONEN	this f	orm and how to fill it out on page 3.				

			<u>, , , , , , , , , , , , , , , , , , , </u>			
PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non		s of deposit, etc See ins	tructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Le/p						
	7-11					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
OCUEN						
ゆっていて						
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	or "n/a") BUSINESS	S ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	CASTOL ENTENANTE SUC					
ADDRESS OF BUSINESS ENTITY	1230 GOSPONINO DA FOUT MY		Myzny			
PRINCIPAL BUSINESS ACTIVITY	REIL ESTATE					
POSITION HELD WITH ENTITY	OWNER					
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 SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILER: Signature: Date Signed:		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				
6.1.17		CPA/Attorney Signature: Date Signed:				
FILING INSTRUCTIONS:						

WHAT TO FILE:

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.

WHERE TO FILE:

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.

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

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, 2016.