

**FORM 1X**

**AMENDMENT TO**

**STATEMENT OF FINANCIAL INTERESTS**

\*20JUN18AM0951 SOE Lee Co F1

LAST NAME - FIRST NAME - MIDDLE NAME  
(Same as on original Form 1):

Coons Tracy Lynn

MAILING ADDRESS:

418 SW 40th Terrace

Cape Coral 33914 33914  
CITY: ZIP: COUNTY:

THIS FORM AMENDS THE (Choose one)

FORM 1 I FILED FOR THE YEAR: 2016  
(Use a separate Form 1X for each Form 1 you are amending.)

FORM 1F I FILED FOR THE PERIOD  
January 1, \_\_\_\_\_ THROUGH \_\_\_\_\_  
(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Trustee

WITH THIS GOVERNMENTAL AGENCY: City of Cape Coral Municipal Police Officers Retirement Plan

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NO change		

**PART B -- SECONDARY SOURCES OF INCOME**  
(Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions)  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NO change			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NO change
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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")

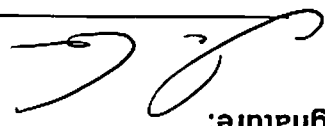
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See Attached	

Return the form to the location where you filed the Form 1 or 1F that you are seeking to amend. Local officers 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.

**FILING INSTRUCTIONS:**  
 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.

Candidates should have filed their Form 1 together with their qualifying papers.  
**QUESTIONS:**  
 About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Bldg E, Ste 200, Tallahassee, FL 32303; telephone (850) 488-7864.

**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 \_\_\_\_\_

**SIGNATURE OF FILER:**  
 Signature:   
 Date Signed: 6/17/2020

IF ANY OF PARTS A THROUGH H ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**PART H — EXPLANATION OF CHANGES**  
 Add Intangible + liabilities not included on original form

**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.

**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")

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
BUSINESS ENTITY #1	no change				
BUSINESS ENTITY #2					

**PART E — LIABILITIES** [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
See Attached	

Form 1X Continuation

Statement of Financial Interests 2016

For: Tracy Coons

Part D: Intangible Personal Property

Type of Intangible Business Entity to which the Property Relates

Banking / Checking / Savings / Money Markey	Wells Fargo
Banking / Checking / Savings	Suncoast Credit Union
Share Plan	City of Cape Coral Municipal Police Officers Retirement Plan
Pension Contributions	City of Cape Coral Municipal Police Officers Retirement Plan

Part E: Liabilities

Name of Creditor Address of Creditor

Wells Fargo	420 Montgomery Street, San Francisco, CA
Capital Bank / First Horizon / Tennessee National	165 Madison Ave, Memphis, TN
Suncoast Credit Union	6801 E. Hillsborough Ave, Tampa, FL

*Tracy Coons* 6/17/2020