FORM 1	STATEM	IENT OF	2014		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME - MIDDLE		sham	_		
MAILING ADDRESS: ISOLA F	Bella Ut.	3/			
	21P: COUNTY: 53913 LEE		03-08		
NAME OF AGENCY: NEW MUNICIPALITY		isterct	80		
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		 		
You are not limited to the space on the line	es on this form. Attach additional she	ets, if necessary.	PM01:29		
CHECK ONLY IF CANDIDATE	OR M NEW EMPLOYEE OF	APPOINTEE IM7/30	29		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA	PARTS OF THIS SECT FINANCIAL INTERESTS FOR TASE STATE BELOW WHETHER	THE PRECEDING TAX YEAR, \	WHETHER BASED ON A CALENDAR		
EITHER (must check one): DECEMBER 31, 20	4 <u>OR</u> □ SPEC	FY TAX YEAR IF OTHER THAN	THE CALENDAR YEAR:		
CALCULATIONS, OR USING COMPA	G REPORTING THRESHOLDS T RATIVE THRESHOLDS, WHICH	THAT ARE ABSOLUTE DOLLAR ARE USUALLY BASED ON PE	R VALUES, WHICH REQUIRES FEWER ERCENTAGE VALUES (see instructions		
for further details). CHECK THE ONE YOU ARE USING: 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		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
SEF & WYE (ANNE)			ELIRED		
Misc Emancial					
mvertments					
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	NAME OF MAJOR SOURCES	ADDRESS			
			PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A		OF SOURCE			
N/A		OF SOURCE			
PART C REAL PROPERTY [Land, bui	OF BUSINESS' INCOME	n - See instructionsl	ACTIVITY OF SOURCE		
N/A	OF BUSINESS' INCOME	n - See instructions]			

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				
Morgan Hanley & Wells Fargo ma	ney market				
Flenos, IRAS, anomisc. 20 withist	`				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
CENTRAL CENTRAL OOU	(.O. Box 77404				
abannistration and REPortuia	Ewina N9 08628				
V	1,	1			
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 BUSINESS NAME OF BUSINESS ENTITY		£	BUSINESS ENTITY # 2		
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					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY			
Signature: Round o		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.			
Date Signed:					
July 29,2015		CPA/Attorney Signature:			
		Date Signed:			

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, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

FILING INSTRUCTIONS:

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 the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

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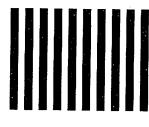
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