

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

EDDY PAUL CLARK

MAILING ADDRESS :

PO BOX 327

CITY : ZIP : COUNTY :

BOX GRANDE 33621 LEE

NAME OF AGENCY :

BYA GRANDE HISTORIC PRESERVATION BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

BOARD MEMBER

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

PM 5/31

JUN 04 2019

19 JUN 05 PM 10:46:50 E Lee Co FI

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
TRUST	BANK OF AMERICA	TRUST INVESTMENTS
	LISTRUST, 100 FEDERAL ST., BOSTON, MA 02110	

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' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NA

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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
NA	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NA	

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 ENTITY # 1	BUSINESS ENTITY # 2
	ADDRESS OF BUSINESS ENTITY	NA
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
DO 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:

Paul C. Eddy

Date Signed:

05-28-2019

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 returned.

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) and send it to CEForm1@leg.state.fl.us. 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, 2018.

[Close Window](#)

P.S. 3582 - C

Business Reply Postage

19JUN04PM013E 50E Lee Co FL

COST CENTER: Cost Center 11-3089-0420
FT MYERS, FL

CAPS Customer ID:

DATE: 06/04/19

Account Information

Account Number: 19602

Permit: BR 1021-003

Company: SUPERVISOR OF ELECTIONS/POLLWORKER
DEPT

Address: 13180 S CLEVELAND AVE
FORT MYERS, FL 33907-3827

Where Issued: n/a

Comments: ZIP + 4 33907-9420 Bernie Feliciano 533-6304

PO of Mailing: Cost Center 11-3089-0420 FT MYERS, FL

Current Balance: CAPS Debit

Contact: RAE SCOTT

Phone Number: (239)533-6303

Finance Number: 11-3075

PO of Permit: Cost Center 11-3089-0420 FT MYERS, FL

BRM Invoice Type: High-Volume BRM

Mailing Date:06/04/2019						
						Final
TRANS# 201915502260287BM						
Letter Prices						
Line Seq#	Description	Weight Not Over (Ounces)	Number of Pieces	Postage per Piece	Per Piece Handling Charge	Postage
B1	Postcards	0	0	0.350	0.091	0.000
B2	1 oz.	1	1	0.550	0.091	0.641
B3	2 oz.	2	0	0.700	0.091	0.000
B4	3 oz.	3	0	0.850	0.091	0.000
B5	3.5 oz.	3.5	0	1.000	0.091	0.000
B6	Nonmachinable Surcharge	3.5	0	0.150	0.000	0.000

Qualifying Form 1

Seq#	Description	Number of Pieces	Postage per Piece	Per Piece Handling Charge	Postage
B128	Postage Due	0	0.000	0.000	0.000
					Total Postage: \$0.64

Closing Balance: CAPS Debit

Customer Reference ID	
-----------------------	--

The above amount has been deducted from your advance deposit account.

Clerk Initials: DMM

BOX 327
300A E. N. A. K. O. K.
FL 33021

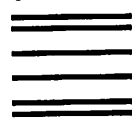
104AM013650EL 00 CoFl 00 CoFl



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

LEE COUNTY ELECTION CENTER
13180 S CLEVELAND AVE
FORT MYERS FL 33907-9420



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

