

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

FITZGERALD, EDWARDS PATRICK

MAILING ADDRESS:

10105 SW 188 CIRCLE

CITY:

DUNNELLON

ZIP: 34432

COUNTY:

MARKON

NAME OF AGENCY:

BONITA SPRINGS FIRE CONTROL & RESCUE DIST.

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FIRE COMMISSIONER

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

FLORIDA COMMISSION ON ETHICS

JUL 12 2018

RECEIVED

SCANNED

PROCESSED

98240

**** 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):

[X] 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):

[X] 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
NYC PENSION	BRKLYN N.Y	CIVIL SERVANT
RAYMOND JAMES BROKER	ST. PETERSBURG FL	INVESTMENT ACCOUNT
FIFTH THIRD BANK	BONITA SPRINGS FL	" "
SOCIAL SECURITY	WASHINGTON DC	SOCIAL SECURITY PAYMENT

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
BONITA SPRINGS FIRE DEPARTMENT	CIVIL SERVICE	BONITA GRANDE Rd BONITA SPRINGS	GOVERNMENT POSITION

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

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

10105 SW 188 CIRCLE DUNNELLON FL
34432

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
BROKERAGE	RAYMOND JAMES BAKER HOUSE

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
AUTO LOAN	RJA AUTOMOBILE LOAN

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	N	N
PRINCIPAL BUSINESS ACTIVITY	O	O
POSITION HELD WITH ENTITY	N	N
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	E	E
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:

John A. Jones

Date Signed:

July 8, 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.

July 9, 2019

LEE COUNTY SUPERVISOR OF ELECTIONS

COMMISSION ON ETHICS

PO DRAWER 15709

TALLAHASSEE FLORIDA 32317-5709

325 JOHN KNOX ROAD BLDG E STE 200

TALLAHASSEE FLORIDA 32303

LATE FILING

I MOVED FROM BONITA SPRINGS TO DUNEDON FLORIDA

ON MAY 17, 2019. THE STATEMENT WAS

MISPLACED OR LOST IN THE ~~MOVING~~ MOVING, PACKING

AND UNPACKING PROCESS. I REQUEST YOUR CONSIDERATION
IN THIS DELAY.



Jim Commissioner

The first part of the document
 discusses the general principles
 of the proposed system.

It is clear that the system
 will be of great value to
 the community.

The second part of the document
 describes the details of the
 implementation.

It is hoped that the system
 will be successful in
 achieving its goals.

The final part of the document
 contains the conclusions and
 recommendations.

In conclusion, the system
 is a promising development
 for the future.

State of Florida
Commission on Ethics

325 John Knox Road, Building E, Suite 200
Post Office Drawer 15709
Tallahassee, FL 32317-5709



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FL 323
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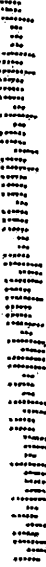
07/15/2019

US POSTAGE \$000.50⁰⁰



ZIP 32303
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Mrs Tammy Lipa
P.O. Box 2545 2480 Thompson St
Ft. Myers, FL 33902-2545



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