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FORM 1	STATEMEN	T OF	2016	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL IN		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME : FORAKER JAMES FREDRICK.				
MAILING ADDRESS: 1/06.55.3712N.				
1100 58 51 0	LEE			
CITY: ZIP: COUNTY: CAPE CORAL FL- 3390(1			)ECEIV	
NAME OF AGENCY :				7 4
NAME OF OFFICE OR POSITION HELD OR SOUGHT: CITY COUNCIC DISTRICT#1			FG 84	ڈی 
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.			Supervisor of Ele Lee County, Fig	
**** 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, 2016 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 M. 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	SOURCES		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Pers	277 E. TOWN STREET RETIGNENT SYSTEM.			
CAL MA Hack a	Counsus otti	1.10		02
CALUSHA HARbour	2525 FIST ST	FI MYES	Senior CA	- A-C
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		L BUSINESS OF SOURCE
ForAkers PTR	//6	ESE 37TH CA	BENÍAL	Proper N/
PROPERTY	4	CAPE CORAL		
			l	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIO	

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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")				
BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
r "n/a")				
ADDRESS OF CREDITOR				
SOLUDDAND DETROIT MICH 48226				
nership or positions in certain types of businesses - See instructions] "n/a") BUSINESS ENTITY # 1BUSINESS ENTITY # 2				
Forakoni PJ.R PRANTES				
106 SL 37 En CAPETURAL				
2emial				
PresiDenti				
les				
SOZ				
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.				
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
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:				
<ul> <li>RE TO FILE:</li> <li>WHEN TO FILE:</li> <li>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.</li> <li>Officers or specified state employees here your agency has its headquarters.)</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.)</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.)</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.)</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.)</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.)</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here your agency has its headquarters.</li> <li>officers or specified state employees here youre your position falls</li> </ul>				