FORM 1	STATEN	MENT OF		2019	
Please print or type your name, mailing address, agency name, and position below.	FINANCIAL	INTERESTS	FC	OR OFFICE USE ONLY:	
Cohagen-Mosicy Mailing Address:	Victor Lotti		J)Mes (NAT1022)	
Lehigh Arxes	33974	140		34	
CITY:	how Object ((3D) RAPPOINTEE 6/13	10L	20JUN15AMO942 SDE Lee Co F1	
CHECK ONLY IF	TE OR MEW EMPLOYEE OF	R APPOINTEE 6/13			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	**** THIS SECTION MUS	ST BE COMPLETED **	**		
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR to see instructions for further deta	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):				
PART A PRIMARY SOURCES OF (If you have nothing to	F INCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See instruction	ons]		
NAME OF SOURCE OF INCOME		DURCE'S DDRESS		PTION OF THE SOURCE'S PAL BUSINESS ACTIVITY	
LCSD	2855 Colonial B	Slvd, Fut Myers 33966		then	
Cardinas Construction &	dutum BD. Ax 791438, Ch	marlotte, NC 28206	Electric		
VA Wisability tomposition	9500 Bay Pines Blod.,	Bay River FL 33744		t-Veterans Affars	
(ii you have nothing to	ES OF INCOME s. and other sources of income to busines o report, write "none" or "n/a")	sses owned by the reporting person	- See instruc	ctions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	1_	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NIA	NIA	NA		NIA	
		•		171	
PART C REAL PROPERTY [Land	d, buildings owned by the reporting person	on . See instructions!			
(if you have nothing to re	report, write "none" or "n/a")	lin	ou are not ling les on this for leets, if nec	imited to the space on the form. Attach additional essary.	
1 1 1	339710	an	d where to	RUCTIONS for when o file this form are ne bottom of page 2.	
		l thi	STRUCTIO is form and gin on pag	ONS on who must file d how to fill it out ge 3.	

PART D — INTANGIBLE PERSONAL PROPERTY IS	ocks bonds cer	rtificates of de	enosit etc - See in	etructione)	
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		BUSII	NESS ENTITY TO	WHICH THE F	PROPERTY RELATES
Roth IRA	Horace Mann				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/a")				
NAME OF CREDITOR			ADDDE	ee or open	ITOD
	0000	7000		SS OF CRED	
VS Bonk	P.O. BUX	1101	19 Ot. La	11s, MO	63179-0179
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	Ownership or p	ositions in c	ertain types of bus	sinesses - Se	e instructions]
	BU	ISINESS ENT	TTY # 1	1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NIA				
ADDRESS OF BUSINESS ENTITY	1				
PRINCIPAL BUSINESS ACTIVITY		L			
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				.,/\	
NATURE OF MY OWNERSHIP INTEREST					ou Table
PART G — TRAINING For elected municipal officers required to complete and	nual ethics traini	ing pursuant	to section 112.3142	. F.S.	
☐ I CERTIFY THAT I					RAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUE	D ON A S	EPARATE SHE	ET, PLEAS	SE CHECK HERE
SIGNATURE OF FILE					GIGNATURE ONLY
Signature:		If a	certified public acco	untant license	ed 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:				
X/\(\triangle\)		1.			prepared the CE
			Form 1 in accordance with Section 112.3145. Florida Statutes, and the		
Date Signed:			soriable knowledge and belief, the		
de-05-2020					1 1 1 1
<u> </u>	Date Signed:				
FILING INSTRUCTIONS:		and the second			White the state of

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.

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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.

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Thereafter, file by July 1 following each calendar year in which they hold their positions.

'20JUN15AM0942 SOE Lee CoF1

Supervisor of Beatons P.O. Bux 2545 Ft. Myers, Fl 33902

Vicki Lotti Gohagen-mosley 650 Charles Sise Street E Lehigh Acres, FL 33974 Quatelious Mosley

33902-254545

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SAINT PETERSBURG FL 13 JUN 2020 PM 7 L **TAMPARE 335** FOREVER / USA

FORM 1	STATEM	IENT OF	88.	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	1 1			വ്
GOUGH, Ka-	hleen	//		
	akes Drive.	#202		
				1004
CITY: FORT MYERS, FL	ZIP: COUNTY: 33908	Lee		20JUN16#100450ELeeCoF1
NAME OF AGENCY:				E O F
NAME OF OFFICE OR POSITION HELD	D OR SOUGHT :	RAPPOINTEE 6/10	K	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE 6/10	1	
	** THIS SECTION MUS			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	JR FINANCIAL INTERESTS FO	OR CALENDAR YEAR END	DING DE	ECEMBER 31, 2019.
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USII (see instructions for further details).	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUALI		
	RCENTAGE) THRESHOLDS	CERTIFICATION	AR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF INC		the reporting person - See inst	ructions]	THE RESERVE THE PARTY OF THE PA
(If you have nothing to repo	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	vanua. e		
NAME OF SOURCE OF INCOME		JRCE'S DRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Pension	US GOV'T	DPM	Fede	ral Aviation Admin.
PART B SECONDARY SOURCES OF	INCOME			
	d other sources of income to busine	sses owned by the reporting per	rson - Se	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA				
7				
PART C REAL PROPERTY [Land, bu (If you have nothing to repo		n - See instructions]	lines	re not limited to the space on the on this form. Attach additional s, if necessary.
			FILIN and v	G INSTRUCTIONS for when where to file this form are
				ed at the bottom of page 2. RUCTIONS on who must file
			this f	orm and how to fill it out on page 3.

PART D INTANGIBLE PERSONAL PROPERTY [Sto		of deposit, etc See ins	structions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NIA					
7 / 1					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non					
NAME OF CREDITOR		ADDRES	SS OF CREDITOR		
CENIAR MORTGAGE	425 Phillip	S Blvd., EW	NG NJ 08618		
PNC Bank	300 Fift		tsburgH, PA 15222		
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 NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY		,			
PRINCIPAL BUSINESS ACTIVITY	11/				
POSITION HELD WITH ENTITY	/ // /	才			
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 and					
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILE	<u>:R:</u>	CPA or ATT	ORNEY SIGNATURE ONLY		
Signature:	If a certified public accountant licensed under Chapter 473, or attor in good standing with the Florida Bar prepared this form for you, he she must complete the following statement:				
Mittleen y ory	<u></u>		, prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the e and correct.		
Date Signed: CPA/Attorney Signature:			e:		
		Date Signed:			
FILING INSTRUCTIONS:					

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K. Gough 14518 Abaco Lakes Dr. # 202 Ft. MyERS, FL 33908

120JUN16AM1003 SDE Lee Co F1

BUSINESS REPLY MAIL PERMIT NO. 1021 FT MYERS FL

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888



POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

FORM 1	STATEM	ENT OF	2019
Please print or type your name, mailing address, agency name, and position below:	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE	NAME :		–
Kazemi, Saes	2 d		'rand Saga
MAILING ADDRESS:	street #20	903	
2104 West first	TIME! HO	,	094
Fort myers, Fl 3	33901 Let	2	20.JUN15890943 SDE
CITY:	ZIP: COUNTY:	1	r _p
NAME OF AGENCY: FOR	Myers	1	[Ho09]
City Manager		D(C	
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :	1110	V
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	R APPOINTEE 6/11	
**	** THIS SECTION MUS	ST BE COMPLETED) ****
DISCLOSURE PERIOD:			
THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FO	OR GALENDAR YEAR ENL	JING DECEMBER 31, 2019.
MANNER OF CALCULATING R	EPORTABLE INTERESTS	DS THAT ARE ARSOLUTE	DOLLAR VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR USIN	NG COMPARATIVE THRESHO	LDS, WHICH ARE USUAL	LY BASED ON PERCENTAGE VALUES
(see instructions for further details).			
	RCENTAGE) THRESHOLDS		AR VALUE THRESHOLDS
PART A – PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to ort, write "none" or "n/a")	the reporting person - See inst	ructionsj
NAME OF SOURCE	1/4 X 2000	URCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Fat Myers		Inect	Public Salary
C/1 7 750 1/1-	Fort Mels, Fl	33901	1
	121 1.771	,-,	
PART B - SECONDARY SOURCES Of [Major customers, clients, and	d other sources of income to busine	sses owned by the reporting pe	rson - See instructions]
(If you have nothing to rep		ADDDESS	PRINCIPAL BUSINESS
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	ACTIVITY OF SOURCE
N/A·			
PART C - REAL PROPERTY [Land, bu	ildings owned by the reporting persort, write "none" or "n/a")	on - See instructions]	You are not limited to the space on the lines on this form. Attach additional
N/A.			sheets, if necessary.
77'3			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 [Store (If you have nothing to report, write "none	cks, bonds, certificates	of deposit, etc See ins	tructions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES			
11/0		NIA	 -			
N/A						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") American Express Card P.O. Box 650448; Dallas, Tx 75265-0448 ADDRESS OF CREDITOR						
CHASE UISA Card	P.A. Box 15	123 Wilnus	ton, DE 14850-5123			
Great Lakes Educational Low			v., Madison, WI 53704			
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 NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY			A			
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY	N//		NA			
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 and			, F.S. JIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILER: Signature: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or atto in good standing with the Florida Bar prepared this form for you, in she must complete the following statement: I,						
FILING INSTRUCTIONS:	_					
	hitan ana Animhi A-		As a state as with the size filling a manage			

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.

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20JUN15AM0943 SOE Lee (oF1

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2104 West First Street, Unit 2903

Mr. Saeed Kazemi

Fort Myers, FL 33901

OF THE SECONDARY OF

Supervisor of Elections, Lee County Fort Myers, FL 33902-2545 P.O. Box 2545

33902-254545

FORM 1	STATEM	ENT OF		2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE Lamberg Cather				กั	
MAILING ADDRESS: 2585 Deerfield Lake Court				20JUN16#1004 SOE Lee CoF1	
)-AM 100	
CITY: Cape Coral NAME OF AGENCY:	ZIP: COUNTY: 33909 Lee)45E	
Housing Authority of the City	of Fort Myers			C ee C	
NAME OF OFFICE OR POSITION HEL Cheif operating Officer	D OR SOUGHT :	N (N)	٧ (Ð	
CHECK ONLY IF CANDIDATE	OR	APPOINTEE			
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019. MANNER OF CALCULATING REPORTABLE INTERESTS:					
FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USII (see instructions for further details).	ING REPORTING THRESHOLING COMPARATIVE THRESHOL	DS, WHICH ARE USUA JSING (must check one	LLY BASE):		
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		he reporting person - See in	structions]		
NAME OF SOURCE OF INCOME	· · · · · · · · · · · · · · · · · · ·	JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Employment- HACFM	4224 Renaissance Pres	erve Way	Affordable Housing		
	Fort Myers FL, 33916				
PART B SECONDARY SOURCES O					
(If you have nothing to rep NAME OF	d other sources of income to busines ort, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS	person - See	e instructions] PRINCIPAL BUSINESS	
None BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
Trone					
	Victorian and a second of the		Paga-tra		
PART C REAL PROPERTY [Land, but the lift of the land of the lan		n - See instructions]	lines o	re not limited to the space on the on this form. Attach additional s, if necessary.	
None			and w	G INSTRUCTIONS for when there to file this form are and at the bottom of page 2.	
			this f	RUCTIONS on who must file orm and how to fill it out	

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PART D — INTANGIBLE PERSONAL PROPERTY [Sto (if you have nothing to report, write "none	cks, bonds, cermicati •" or "n/a")	es or deposit, etc See in	structions		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
None					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR		ADDRE	SS OF CREDITOR		
None					
			·		
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	Ownership or position or "n/a")	ons in certain types of bu	sinesses - See instructions]		
		SS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	-1-				
7.55.1255 57 55611265 2.11177	n/a				
PRINCIPAL BUSINESS ACTIVITY	-		 		
POSITION HELD WITH ENTITY	 				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		,			
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING	aval athias training a				
For elected municipal officers required to complete and					
I CERTIFY THAT I	HAVE COMPL	LETED THE REQ	UIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED O	N A SEPARATE SHE	EET, PLEASE CHECK HERE		
SIGNATURE OF FILE	<u>R:</u>	CPA or ATT	ORNEY SIGNATURE ONLY		
Signature: And And	2	If a certified public accountant licensed under Chapter 473, or attorne in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement: I,, prepared the Complete the following statement:			
Date Signed:	instructions to the form. Upon my reasonable knowledge and belief, to disclosure herein is true and correct. CPA/Attorney Signature:				
June 10, 2020		Date Signed:			
FILING INSTRUCTIONS:					
If you were mailed the form by the Commission on Et	hics or a County (Candidates file this form	n together with their filing papers.		

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FORM 1	STATEM	IENT OF		2019
Please print or type your name, mailing address, agency name, and position below:		INTERESTS		FOR OFFICE USE ONLY:
	LE NAME: thur Joseph	1		2201
PO Box 50				20JUN164H0958
			/	8589
okeelia	3392Z	Lee		
	Fire & Rescue	District		Lee CoF1
NAME OF OFFICE OR POSITION HI		. 1	V	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	R APPOINTEE DI	+	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	**** THIS SECTION MUST			CEMBER 31, 2019.
MANNER OF CALCULATING FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR US (see instructions for further details COMPARATIVE (F	JSING REPORTING THRESHOL BING COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	LY BASE	
PART A PRIMARY SOURCES OF II (If you have nothing to re	NCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME	AD	URCE'S DRESS	(1) (1)	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Kestra Financial Sen	vices 5707 Southwest	Pky Austin TX	Finar	ncial Planning Fees
				*
	OF INCOME and other sources of income to busine port, write "none" or "n/a")	sses owned by the reporting pe	rson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A				
PART C REAL PROPERTY [Land, to rep		on - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.
			and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
			INSTR	UCTIONS on who must file
				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		VHICH THE PROPERTY RELATES			
Stocks	SEI-IRA Tecla Partners LLC				
Stock	Tecla Partners	LLC			
PART E — LIABILITIES [Major debts - See instructions (if you have nothing to report, write "non-	s] e" or "n/a")				
NAME OF CREDITOR	ADDRES	SS OF CREDITOR			
N/A					
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 # 1					
NAME OF BUSINESS ENTITY	N/A				
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					
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 SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILE	R: CPA or ATT	ORNEY SIGNATURE ONLY			
Signature:	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				
Date Signed: 6-//-2020	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature:				
	Date Signed:				
FILING 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.

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Thereafter, file by July 1 following each calendar year in which they hold their positions.

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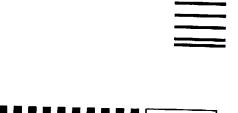
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UNITED STATES

begin on page 3. this form and how to fill it out INSTRUCTIONS on who must file located at the bottom of page 2. and where to file this form are FILING INSTRUCTIONS for when sheets, if necessary. V/N lines on this form. Attach additional (If you have nothing to report, write "none" or "n/a") You are not limited to the space on the PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] Y/N ACTIVITY OF SOURCE OF SOURCE OF BUSINESS' INCOME **BUSINESS ENTITY** PRINCIPAL BUSINESS ADDRESS NAME OF MAJOR SOURCES **JO BMAN** (If you have nothing to report, write "none" or "n/a") [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] PART B - SECONDARY SOURCES OF INCOME LIQUOR LICENSECONSULTING 7417 LAKE KISMET TER. CAPE CORAL, FL 33993 BLIND TIGER CAPITAL, LLC PRACTICE OF LAW LONG LAW, P.A. 2122 VICTORIA AVE., STE B FORT MYERS, FL 33901 PRINCIPAL BUSINESS ACTIVITY ADDRESS OF INCOME DESCRIPTION OF THE SOURCE'S SOURCE'S NAME OF SOURCE (If you have nothing to report, write "none" or "n/a") PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] DOLLAR VALUE THRESHOLDS OB COMPARATIVE (PERCENTAGE) THRESHOLDS (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES MANNER OF CALCULATING REPORTABLE INTERESTS: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019. DISCLOSURE PERIOD: **** THIS SECTION MUST BE COMPLETED **** ✓ NEW EMPLOYEE OR APPOINTEE OK CHECK ONLY IF CANDIDATE 20JUN164M0933 SDE Lee Co.F.I PLANNING AND ZONING COMMISSION - ALTERNATE MEMBER NAME OF OFFICE OR POSITION HELD OR SOUGHT: CITY OF CAPE CORAL NAME OF AGENCY: FEE 33993 CAPE CORAL COUNTY CILL: 7417 LAKE KISMET TER. MAILING ADDRESS: LONG, EDMYKD KEILH : AMAN -- MIDDLE NAME -- MIDDLE NAME : address, agency name, and position below: FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing SLYLEWEAL OF FORM 1 6107

in Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct. together with their filing papers. together with their filing papers.	Form 1 in accordance with the form. Instructions to the form. disclosure herein is true. Candidates file this form. MULTIPLE FILING UNNET 1 with a qualifying officer. Or Supervisor of Election. Or Supervisor of Election. Or Supervisor of Election. AHEN TO FILE: Initially and State empty.	that locations for your ainfuls discrobute filling, feturn fine that location. To determine what category your position falls officers/employees file with the Supervisor of Elections officers/employees file with the Supervisor of the county entity in which they permanently reside. (If you do not entity reside in Florida, file with the Supervisor of the county and officers of the county of th			
untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement:	one control parties and the first complete the firs		Signature:		
NAMEY SIGNATURE ONLY		SIGNATURE OF FILER:			
			IF ANY OF PARTS A THROUGH G REF		
	PART G — TRAINING I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
			TEBREATH INTEREST		
		=	I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
			POSITION HELD WITH ENTITY		
_			PRINCIPAL BUSINESS ACTIVITY		
			NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY		
inesses - See Instructions]	less entity # 1	("E\n" 10 '	PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"		
35505	Ave Jacksonville, FL	501 Riverside	LIAA BANK		
SOF CREDITOR	¥DDKE8		NAME OF CREDITOR		
			PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non		
		_			
			V/N		
SELATES PROPERTY RELATES	BUSINESS ENTITY TO W	A OL UIS)	(II you have nothing to report, write "non TYPE OF INTANGIBLE		
PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc See instructions)					

appointment.

babeta⁻ Candidates must file at the same time they file their qualifying

hold their positions. Thereafter, file by July 1 following each calendar year in which they

it the filer was in his or her position on December 31, 2019. of Financial Interests) does not relieve the filer of filing a CE Form 1 Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Engage 1) and 10 final Statement of Engage 1.

use. Do not email your form to the Commission on Ethics, it will be

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2417 LAKE KISMET TERRACE CAPE CORAL, FL 3 3 9 9 3

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TOMMY DOYLE
LEE SUPERVISOR OF ELECTRONS
2480 THOMPSON ST.
FORT MYERS, FC 33901

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FORM 1	STATEM	ENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE MACDERUNT / MAILING ADDRESS: 1250 Gaspar (Lort Myers f) CITY:	ROYE I	Lee	/	720.JUN164M100450ELeeCoFI
NAME OF AGENCY: CASTRON TO Beach NAME OF OFFICE OR POSITION HELD CHECK ONLY IF CANDIDATE	OOR SOUGHT:	APPOINTEE 6/12	_	Elee CoF1
***	** TUIC CECTION MUIC	T DE COMPLETE	****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	** THIS SECTION MUS IR FINANCIAL INTERESTS FO	Bi Strattandinio — Acceptando stalvo sento — Abrilando — interdamentante.		CEMBER 31, 2019.
MANNER OF CALCULATING RIFILERS HAVE THE OPTION OF USING (See instructions for further details). COMPARATIVE (PE	NG REPORTING THRESHOLI G COMPARATIVE THRESHOL	DS, WHICH ARE USUALI JSING (must check one):	Y BASE	: (20 전화가 하면 10) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20)
PART A PRIMARY SOURCES OF INC		he reporting person - See instr	ructions]	
NAME OF SOURCE OF INCOME	l sor	JRCE'S DRESS	1000	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Fuccillo KLA	- Pin Island	of Red Cope Coral		Sales
		/ '		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to busines	ses owned by the reporting per	rson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
4) A				
, ,				
PART C REAL PROPERTY [Land, buil (If you have nothing to repor		n - See instructions]	lines o	e not limited to the space on the on this form. Attach additional , if necessary.
NA			and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
			this fo	UCTIONS on who must file orm and how to fill it out 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	/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Say trader (Antoars			
Ally	у 5			
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 NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	A			
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
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 CONT	TINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
Signature: Signature: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attor in good standing with the Florida Bar prepared this form for you, he she must complete the following statement: I,				
FILING 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.

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UNITED STATES

FORM 1	STATEN	IENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERES	rs [FOR OFFICE USE ONLY:
Mitchell Dr. Mailing address: Castlebox	Soloman Cir			2001##91W1F022
Fort Mugas CITY: Board of Ad NAME OF AGENCY: BOARD MOND NAME OF OFFICE OR POSITION HEL		LEE		1006 SOE Lee CoF1
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE 6/	12	
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019. 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 INC	OME [Major sources of income to trt, write "none" or "n/a")	he reporting person - See	instructions]	
NAME OF SOURCE OF INCOME	V1004000	JRCE'S DRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Solomon's Air Condition,	of Appliants tou			
	490-10 Prospec	A AVE FOIL (1	33965 Service Installation
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to busines	ses owned by the reportin	g person - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buil (If you have nothing to report	dings owned by the reporting persor t, write "none" or "n/a")	n - See instructions]	lines o	re not limited to the space on the on this form. Attach additional s, if necessary.
NA			and w	G INSTRUCTIONS for when there to file this form are at the bottom of page 2.
			INSTR	RUCTIONS on who must file orm and how to fill it out on page 3.

	A CONTRACTOR OF THE PARTY OF TH			
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 V	HICH THE PROPERTY RELATES	
NIA				
PART E — LIABILITIES [Major debts - See instructions	======================================		the land of the la	
(If you have nothing to report, write "non-	e" or "n/a")			
NAME OF CREDITOR	À	ADDRES	S OF CREDITOR	
BMO HAMS	P.a Box 6201	Carol Stres	m IL 60197	
Citizen One	P.O. 60x 4211	3 Province,	RI 02940	
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	NA			
ADDRESS OF BUSINESS ENTITY	NIA			
PRINCIPAL BUSINESS ACTIVITY	NIA			
POSITION HELD WITH ENTITY	NA			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NIA			
NATURE OF MY OWNERSHIP INTEREST	NA			
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.				
I CERTIFY THAT I				
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R:	CPA or ATT	ORNEY SIGNATURE ONLY	
Signature:	1/	If a certified public according good standing with the she must complete the	ountant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement:	
MITAL		II.	, prepared the CE	
Low Makell	/ 1/	Form 1 in accordance instructions to the form disclosure herein is tru	with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.	
Date Signed: 6-11-202	0	CPA/Attorney Signatur	э:	
7	Date Signed:			
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FORM 1	FORM 1 STATEMENT OF			2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	LINTEREST	rs [FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE NOTE - MAILING ADDRESS: (COOR - AA MO DO 1//0	hobert		·	220
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CITY: FORTMORES 32 NAME OF AGENCY: Southout the Port they (D)	ZIP: COUNTY STOT Le			20JUN16#1093350E Le
NAME OF OFFICE OR POSITION HELD	O OR SOUGHT:	1		Lee Co Fi
CHECK ONLY IF CANDIDATE	OR X NEW EMPLOYEE C	OR APPOINTEE	2	
***	* THIS SECTION MU	ST BE COMPLET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU				CEMBER 31, 2019.
MANNER OF CALCULATING REFILERS HAVE THE OPTION OF USING (See instructions for further details).	NG REPORTING THRESHO G COMPARATIVE THRESHO	LDS THAT ARE ABSOLU DLDS, WHICH ARE USU USING (must check or	ALLY BASI e):	R VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES UE THRESHOLDS
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to			
NAME OF SOURCE OF INCOME	l so	DURCE'S DDRESS	l DI	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Greenste LC.	, , , , , , , , , , , , , , , ,	RIE	Hois	ct Manager
	Jacksolville FL.	32256		MA V
X//	1 1/1/2		+ /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repor	other sources of income to busine	esses owned by the reporting	person - See	e instructions]
	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Yourtain Tyer DjoLLC M	artial AMS	197515. Tomlani	MHC	Instructor
N/A	N/A	FortMyers FL-3	3902	N/A
PART C REAL PROPERTY [Land, build	ings owned by the reporting pers	on - See instructions	Vou ar	e not limited to the space on the
(If you have nothing to report,	write "none" or "n/a")	and the second of the second o	lines o	on this form. Attach additional , if necessary.
18829 Spruce Dr West		and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
N/A N/A		this fo	UCTIONS on who must file orm and how to fill it out on page 3.	

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(If you have nothing to report, write "none" or "n/a")	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
1/// ///	
/V/A	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A N/A	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or position	s in certain types of businesses - See instructions]
I (If you have nothing to report, write "NORE" of "N/2")	S ENTITY # 1 //BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A
ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	N/A
POSITION HELD WITH ENTITY	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	
NATURE OF MY OWNERSHIP INTEREST	1 /V/A
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	ETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON	
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney
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- Charry Xa	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.
Date Signed:	CPA/Attorney Signature:
6-10.2020	Date Signed:
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FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL POSTAGE WILL BE PAID BY ADDRESSEE FORT MYERS FL 33902-9888 PO BOX 2545 SUPERVISOR OF ELECTIONS րդրերդերի հերկուրդուրդուրդերի հերկարի իրարդիր 06/12/2020 036B 0011810 TO US POSTIFIES NO POSTAGE NECESSARY IF MAILED First-Class

FORM 1	STATEM	IENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL NICHOLS PAU MAILING ADDRESS:	ENAME: LANTHONY		_	
	VAKE CIRCLE			22
maken a			/	N169
CITY: SANIBEL	33957 COUNTY:	LEE		1005
NAME OF AGENCY: SANIBEL PLACE	VNING COMMISSION	N		20JUN16AM1005SDELeeCoF
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT:			e () F
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE 6/12	U	
	*** THIS SECTION MUS	ST BE COMPLETED	****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	OUR FINANCIAL INTERESTS FO	OR CALENDAR YEAR ENDI	NG DE	CEMBER 31, 2019.
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):				
PART A PRIMARY SOURCES OF IN	ERCENTAGE) THRESHOLDS COME [Major sources of income to			JE THRESHOLDS
(If you have nothing to rep	ort, write "none" or "n/a")	JRCE'S I	0.73	SCRIPTION OF THE SOURCE'S
OF INCOME	ADI	DRESS	P	RINCIPAL BUSINESS ACTIVITY
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IBM UK DENSLOWS TRUS		the same of the sa	PE	ENSION
RUYAZ LONDON	POBOX 413 WILMS		7	ENSICH
	of INCOME and other sources of income to busines bort, write "none" or "n/a") NAME OF MAJOR SOURCES	sses owned by the reporting pers	on - See	instructions] PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
NIA				
PART C REAL PROPERTY [Land, but		n - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.
NA		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
			this fo	UCTIONS on who must file rm and how to fill it out 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	ADDRES	S OF CREDITOR	
NA			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or position (If you have nothing to report, write "none" or "n/a") BUSINE	ons in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	N/A	· · · · · · · · · · · · · · · · · · ·	
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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 processing the second of the second			
IF ANY OF PARTS A THROUGH G ARE CONTINUED O	N A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature:	If a certified public according good standing with the she must complete the	, prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the	
Date Signed: 6 11 20	CPA/Attorney Signature		
FILING 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.

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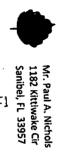
Candidates file this form together with their filing papers.

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.



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FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

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SUPERVISOR OF ELECTIONS PO BOX 2545

FORT MYERS FL 33902-9888



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

FORM 1	STATEN	1ENT OF	42-	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	Г	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE OLMSTEN STE MAILING ADDRESS: 15443 ORLY	THEN ROYS			720JUN16AM1005
CITY: ONITA SPRINGS	SFL 34135	USA		005 SDE Lee Co F1
NAME OF AGENCY: VILLAGE OF POSITION HEL	NECREST, FLORI, LD OR SOUGHT:	DA		CoF1
CHECK ONLY IF CANDIDATE	DIRECTOR OR NEW EMPLOYEE OR	EAPPOINTEE 6/13		
		1011	***	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	*** THIS SECTION MUS OUR FINANCIAL INTERESTS FO			CEMBER 31, 2019.
MANNER OF CALCULATING REFILERS HAVE THE OPTION OF USING (see instructions for further details).	SING REPORTING THRESHOLING COMPARATIVE THRESHOL	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUALL		
COMPARATIVE (PE	ERCENTAGE) THRESHOLDS	OR DOLLA	AR VAL	JE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		the reporting person - See instr	uctions]	
NAME OF SOURCE OF INCOME	ADI	URCE'S DRESS		ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
VILLAGE & MECRES-5	PALARY 13645 BINECKEY	THAKURY ANEGLIST,	W331	Sb MUNCIPAL GORANNUE
FARMLAND	C/O SIGHEN OLMOTA)	, 15443 ERLANDA DAIL [CANADA / NSBTH CA	E, BINA	1M SALIWYG GAAN/TUMBE
1 CMA KETINEMEN	V ACCOUNT			
PART B SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to repo	nd other sources of income to busines	sses owned by the reporting per	son - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA DO NOT OWN ANY BU	451NESS INTERESTS	Doing BusiNESS 1	VEG	PIDA
(/				
DART C. BEAL BRODERTY (Land bu	of the second by the condition percent	- Cas instructional		
PART C REAL PROPERTY [Land, but (If you have nothing to report		n - See instructions _j	lines o	e not limited to the space on the on this form. Attach additional s, if necessary.
N/A only mothery	anto in Floring	B RESIDENCE	and w	G INSTRUCTIONS for when here to file this form are at the bottom of page 2.
OWNEY JOINSU	Y WITH WIFE		this fo	CUCTIONS on who must file orm and how to fill it out on page 3.

SCHWARD SECURITES/Brock ACCOUNT - JE	SINT INDEX MEAT ACCOUNT			
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of (If you have nothing to report, write "none" or "n/a")	of deposit, etc See instructions]			
OHIO PUBLICIPED OF INTANCIBLE AND ACCOUNT	JSINESS ENTITY TO WHICH THE PROPERTY RELATES			
15 VOYA RETIREMENT ACCOUNT - RETTREMENT HELL	ALSAVARAG ACCOUNT TOBOTHICAGE & DEAST			
CHAGE BANK SAVINGS ACCOUNT - PERSON	HE SAUNGS ACCOUNT			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
N/H - DO NOT OWE MORA THAN MY I	VET WORTH TO ANY CREDITOR			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions of (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY NAME OF BUSINESS ENTITY	1 7877 H - 155 - 156 - 177 H - 156 - 177 H			
ADDRESS OF BUSINESS ENTITY	(100)			
PRINCIPAL BUSINESS ACTIVITY	910			
POSITION HELD WITH ENTITY	6/11/1819			
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	A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY			
Signature: Jephen M. Olmsted	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.			
X 11/10/0	CPA/Attorney Signature: Date Signed:			
FILING INSTRUCTIONS:				
If you were mailed the form by the Commission on Ethics or a County	didates file this form together with their filing papers. LTIPLE FILING UNNECESSARY: A candidate who files a Form			

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), 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. Form 6s will not be accepted via email.

1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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Thereafter, file by July 1 following each calendar year in which they hold their positions.



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IN THE
UNITED STATES

FORM 1	STATEN	MENT OF		2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	s [FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE N PEREZ MAILING ADDRESS: 829 5-AND D S' CITY: NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OF PLANNING CHECK ONLY IF CANDIDATE OF	ERIC JOH OLLAR DRIV ZIP: COUNTY: FL LE ANNING COM OR SOUGHT: COMMISSUNI	MMISSION V		720JUN16AM0958 SDE Lee CoF1	
DISCLOSURE PERIOD:	THIS SECTION MUS	ST BE COMPLETE	D ****		
THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2019.	
FILERS HAVE THE OPTION OF USIN FEWER CALCULATIONS, OR USING (see instructions for further details). C	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 (If you have nothing to report,	ME [Major sources of income to	the reporting person - See ins	structions]		
NAME OF SOURCE OF INCOME	l so	DURCE'S DDRESS SALIBA	11,51	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
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		l			
(If you have nothing to report,	ther sources of income to busines	ADDRESS OF SOURCE	erson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
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PART C. REAL PROPERTY II and building					
PART C REAL PROPERTY [Land, buildin (If you have nothing to report, v	gs owned by the reporting perso rite "none" or "n/a")	in - See instructionsj	lines or	e not limited to the space on the n this form. Attach additional , if necessary.	
1630 PERLUMINACLE WM, SANIBER, FL 33957 FILING INSTRUCTIONS for whe and where to file this form are located at the bottom of page 2			here to file this form are		
			this fo	UCTIONS on who must file rm and how to fill it out on page 3.	

			and the second s		
PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non TYPE OF INTANGIBLE	ocks, bonds, certificates of deposit, etc See instructions] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
SANIBO CAPTINA TRUST CO.	STOCKS I INVESTMANS				
SCHWAS	(1	~			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non		•			
NAME OF CREDITOR			SS OF CREDITOR		
SYNOVUS - MORRARCE	1 Conford	ITE DR. STE 3	60047-8945		
			60047-8945		
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	or "n/a")	ons in certain types of bus	BUSINESS ENTITY # 2		
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					
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 O	N A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILE Signature: Date Signed:	R:	If a certified public according good standing with the she must complete the l,	, prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the		
FILING INSTRUCTIONS:		CPA/Attorney Signature Date Signed:	э:		

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SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888

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NECESSARY
IF MAILED
IN THE
UNITED STATES

FORM 1	STATEM	MENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE				
MARY AND MAILING ADDRESS:	V			MO958
20623 DENNIS	PORT LANE			88
N. FORT MYERS	33917 LEE			
CITY:	ZIP: COUNTY:			Lee Co FI
NAME OF AGENCY:	KECREATION DIS	TRICT	•	
SECRETARY		(λ)	1.	/
NAME OF OFFICE OR POSITION HELD	O OR SOUGHT :	P	` \	
CHECK ONLY IF	OR NEW EMPLOYEE OF	RAPPOINTEE 617	<u></u>	
:	** THIS SECTION MUS	ST BE COMPLETED	**	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	R FINANCIAL INTERESTS FO	OR CALENDAR YEAR END	ING DE	ECEMBER 31, 2019.
MANNER OF CALCULATING R				
FILERS HAVE THE OPTION OF US	NG REPORTING THRESHOL	DS THAT ARE ABSOLUTE		
FEWER CALCULATIONS, OR USIN (see instructions for further details).			Y BASI	ED ON PERCENTAGE VALUES
☐ COMPARATIVE (PE	RCENTAGE) THRESHOLDS	OR DOLL	AR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to report	OME [Major sources of income to t, write "none" or "n/a")	the reporting person - See instr	uctions]	
NAME OF SOURCE OF INCOME		JRCE'S DRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOCIAL SECURITY	-/ VAMAICA CE	NTER PLAZA		
PBGC	BOX151750	ALEXANDRIA VA.	DELA	PHI, AUTOMOTIVE PARTS
PRUDENTIAL	Po Box 12687, By	PMAL MAH AL)
PART B SECONDARY SOURCES OF	PoBox 59060, M	INNEAPOLIS, MN		
[Major customers, clients, and (If you have nothing to repo	other sources of income to busines	sses owned by the reporting per	son - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
		5/40. 5/4/4/4/5/19/19/6/5/		200000000000000000000000000000000000000
PART C REAL PROPERTY [Land, build (If you have nothing to report	dings owned by the reporting perso , write "none" or "n/a")	n - See instructions]	lines o	re not limited to the space on the on this form. Attach additional
N/A	-			s, if necessary. G INSTRUCTIONS for when
-			and w	there to file this form are ed at the bottom of page 2.
			INSTR	RUCTIONS on who must file

PART D — INTANGIBLE PERSONAL PROPERTY [Stoc (If you have nothing to report, write "none	cks, bonds, certificates	s of deposit, etc See ins	structions]
TYPE OF INTANGIBLE		BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES
GMAC LEAST		LAC	
PART E — LIABILITIES [Major debts - See instructions]			
(If you have nothing to report, write "none	or n/a)		
NAME OF CREDITOR		ADDRES	SS OF CREDITOR
PART F — INTERESTS IN SPECIFIED BUSINESSES [O)wnership or positior	ns in certain types of bus	inesses - See instructions]
(If you have nothing to report, write "none" o	or "n/a") BUSINES:	S ENTITY # 1	BUSINESS ENTITY # 2
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			
PART G — TRAINING			
For elected municipal officers required to complete annu	ual ethics training pur	suant to section 112.3142	, F.S.
☐ I CERTIFY THAT I I	HAVE COMPL	ETED THE REQ	UIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	I A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE	R:	CPA or ATT	ORNEY SIGNATURE ONLY
		If a certified public acco	ountant licensed under Chapter 473, or attorney
Signature:		in good standing with the she must complete the	ne Florida Bar prepared this form for you, he or following statement:
		I.	, prepared the CE
Mary Vm			with Section 112.3145, Florida Statutes, and the
They from I wines		disclosure herein is true	Upon my reasonable knowledge and belief, the e and correct.
Date Signed:			
()		CPA/Attorney Signature	D:
June 11, 2020		Date Signed:	
FILING INSTRUCTIONS:			

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*2001/N1644095850E1_ee0oF1

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

POSTAGE WILL BE PAID BY ADDRESSEE

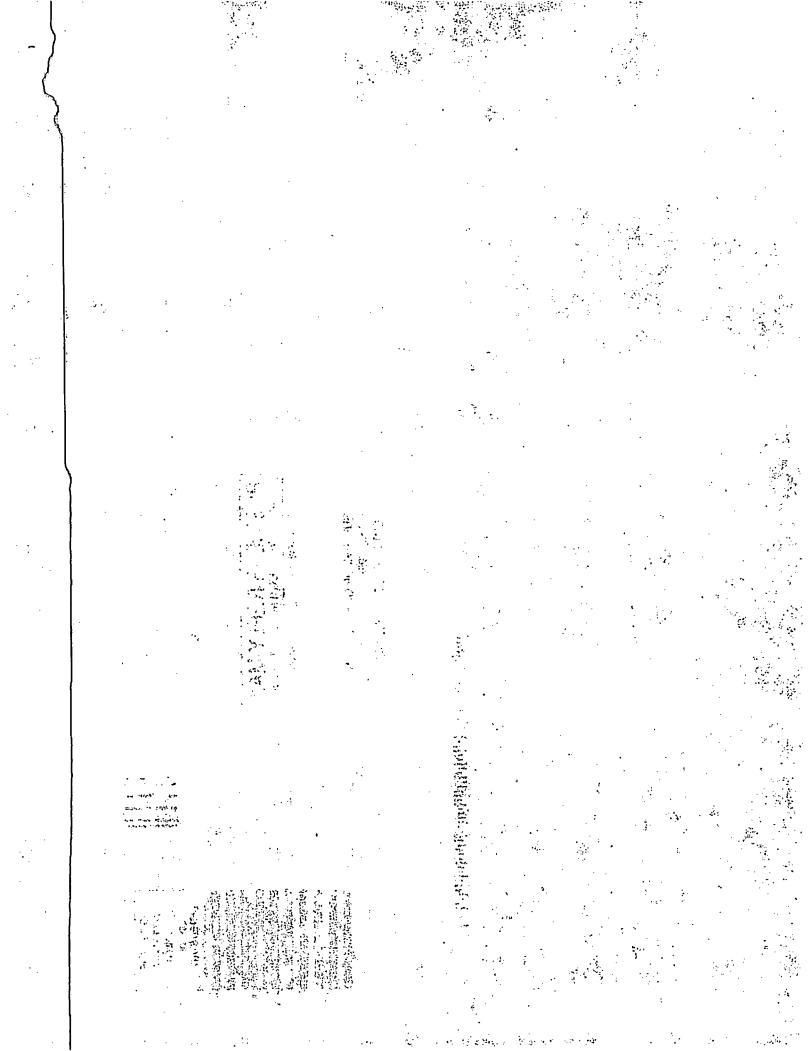
SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888



THE REPORTS

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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



FORM 1	STATEM	IENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME :		_	65
MAILING ADDRESS:	atthew			
1404 Dean S	+. #300			4169
Fort Myers	33901 Lee			20JUN16AM 1000 SDE
CITY:	ZIP: COUNTY:	Can		908
NAME OF AGENCY:	ston Oversight	Committee 1	1	Lec Co F1
Committee Memb	old		//	É
NAME OF OFFICE OR POSITION HELD	OOR SOUGHT:		V	
CHECK ONLY IF	OR NEW EMPLOYEE OF	RAPPOINTEE 6/1/		
	** THIS SECTION MUS	ST BE COMPLETED	****	-
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	R FINANCIAL INTERESTS FO	OR CALENDAR YEAR ENDI	NG DEC	EMBER 31, 2019.
MANNER OF CALCULATING R				
FILERS HAVE THE OPTION OF USI FEWER CALCULATIONS, OR USIN				
(see instructions for further details).			D WALLIE	TUDESHOLDS
PART A PRIMARY SOURCES OF INC	RCENTAGE) THRESHOLDS			E THRESHOLDS
(If you have nothing to repor		are reporting person — eee mond	ollorioj	
NAME OF SOURCE OF INCOME		URCE'S DRESS		CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
Gray Robinson, P.A		Str. 300	Atte	mes
	Ft. Myurs, F	2 33901		
l de la companya de l				121
PART B SECONDARY SOURCES OF	INCOME other sources of income to busine	sees award by the reporting pers	on Cool	notsustional
(If you have nothing to repo		sses owned by the reporting pers	JII - 366 II	nstructionsj
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA				
PART C REAL PROPERTY [Land, buil (If you have nothing to report		n - See instructions]	lines on	not limited to the space on the this form. Attach additional if necessary.
NIK			FILING	INSTRUCTIONS for when
				ere to file this form are at the bottom of page 2.
			this for	CTIONS on who must file m and how to fill it out n page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		s of deposit, etc See	instructions]
TYPE OF INTANGIBLE		BUSINESS ENTITY TO	O WHICH THE PROPERTY RELATES
Stocks	Wells Fare	o Brokman	se Acch-
Redrammy YOIK	Suntrust	Bank "	
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	s] e" or "n/a")		
NAME OF CREDITOR		ADDF	RESS OF CREDITOR
Edison National Bank	13000 S.C	Uniland A	Ne, Ft. Myurs, FL
OR Lending	801 Demin	ne Wan N	ladison, WI 58717
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	or "n/a")	is in certain types of the SENTITY # 1	businesses - See instructions] BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	NA		
PRINCIPAL BUSINESS ACTIVITY			A Section of the sect
POSITION HELD WITH ENTITY			
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 and	5/0/		142, F.S. QUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SI	HEET, PLEASE CHECK HERE
SIGNATURE OF FILE	R:	CPA or AT	TORNEY SIGNATURE ONLY
Signature:		in good standing wit	ccountant licensed under Chapter 473, or attorney h the Florida Bar prepared this form for you, he or he following statement:
Mattart			prepared the CE ce with Section 112.3145, Florida Statutes, and the rm. Upon my reasonable knowledge and belief, the true and correct.
Date Signed:	2 2 00.H	CPA/Attorney Signat	ture:
<u> </u>		Date Signed:	
FILING 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.

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Candidates file this form together with their filing papers.

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Thereafter, file by July 1 following each calendar year in which they hold their positions.

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BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888

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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

FORM 1	STATEM	IENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL		i		
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CITY:	ZIP: COUNTY:	1 2	/	
FORT Myers NAME OF AGENCY:	3396Le	Lee		9 9
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NAME OF ONFICE OR POSITION HE	LD OR SOUGHT:			0
CHECK ONLY IF \ CANDIDATE	OR NEW EMPLOYEE OF	R APPOINTEE //	*	pand
		W I		
DISCLOSURE PERIOD:	*** THIS SECTION MUS	ST BE COMPLETED	****	
THIS STATEMENT REFLECTS YO	OUR FINANCIAL INTERESTS FO	OR CALENDAR YEAR END	ING DE	CEMBER 31, 2019.
MANNER OF CALCULATING	REPORTABLE INTERESTS:			
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(see instructions for further details)			-1 5/101	ED ON ENGLINACE WILDES
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PNC Pension		1 - 1 - 1	Rose	109
Her Tage Palm; C.D.	0 77	· ' /	Golt	Club
	nd other sources of income to busine	sses owned by the reporting pe	rson - See	e instructions]
	port, write "none" or "n/a")	ADDDEGG		DDINOIDAL BURINEGO
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
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PART C REAL PROPERTY [Land, b		on - See instructions]	lines o	e not limited to the space on the on this form. Attach additional s, if necessary.
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			100000000000000000000000000000000000000	RUCTIONS on who must file
				on page 3.

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PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non		s of deposit, etc S	See instructions]		
TYPE OF INTANGIBLE	goni Commo Cameronii •.	BUSINESS ENTIT	Y TO WHICH THE PROPERTY RELATES		
UBS	7950 Summ	erlin fed	F.M., FL 33907		
FRS	FO BOX 9000	Tallass	ex FL 32315		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s]				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
LMGU	7944 Somm	nerlen Dr	FM 33907		
UBS Rank	PO BOX8404	10 Colom	bus GA 31908		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	' or "n/a")	s in certain types S ENTITY # 1	of businesses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	None				
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					
PART G — TRAINING For elected municipal officers required to complete an I CERTIFY THAT I			2.3142, F.S. REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE	SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILE	<u>R:</u>	CPA or	ATTORNEY SIGNATURE ONLY		
Signature:	W	If a certified public accountant licensed under Chapter 473, or attorne in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement: I,, prepared the Common 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:					
CPA/Attorney Signature:					
FILING INSTRUCTIONS:					
If you were mailed the form by the Commission on El	hics or a County Ca	andidates file this	s form together with their filing papers.		

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.

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FORT MYERS FL 33902-9888

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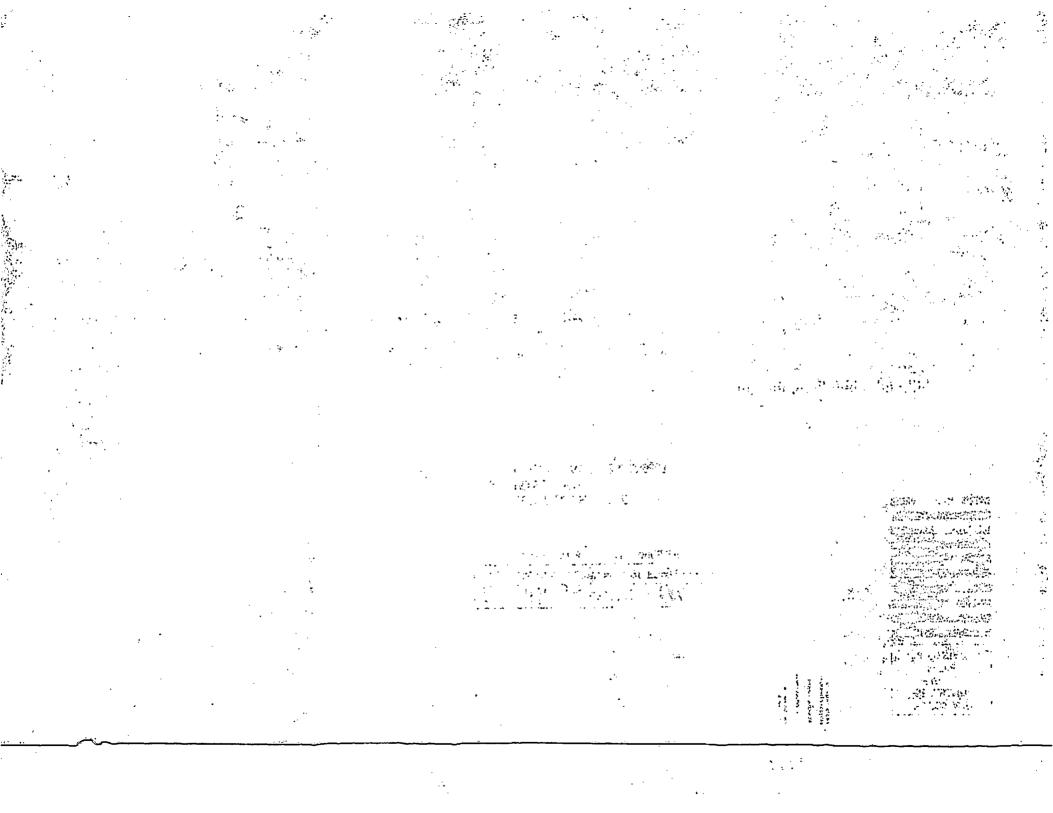


NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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《西班牙斯斯·

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FORM 1	STATEN	MENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE N Schooler John	NAME : Richard			
MAILING ADDRESS: 4737 Jackfish Street				720
			/	11111
CITY: Bonita Springs 3. NAME OF AGENCY:	ZIP: COUNTY: 4134 Lee			20JUN119M0854 SOE Lee Co F
Lee Health		· · ·		~
NAME OF OFFICE OR POSITION HELD Chief Information Officer (CIO)		V		-1 ° €
CHECK ONLY IF CANDIDATE O	OR NEW EMPLOYEE OF	R APPOINTEE 6/10	to gre	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	* THIS SECTION MUST			CEMBER 31, 2019.
	NG REPORTING THRESHOL S COMPARATIVE THRESHO CHECK THE ONE YOU ARE CENTAGE) THRESHOLDS	DS THAT ARE ABSOLUTI DLDS, WHICH ARE USUAI USING (must check one) OR V DOLL	LLY BASE): L AR VAL I	R VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES UE THRESHOLDS
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	ME [Major sources of income to write "none" or "n/a")	the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME		URCE'S DRESS		ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Lee Health	12801 Westlinks Dr. F			care delivery
1AB Properties, LLC	4737 Jackfish St, Boni			STANDED STANDARD COLOR STANDARD STANDAR
Practical Advisory, LLC	737 Jackfish St, Bonita	a Springs, FL 34134	Consul	ting / advisory services
(If you have nothing to report,	other sources of income to busines , write "none" or "n/a")	sses owned by the reporting po	erson - See	instructions]
BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A				
SAST C. BEAL DEODEDTY II and building				
PART C REAL PROPERTY [Land, buildir (If you have nothing to report, v 2069 Coulson Alley Orlando, FL	write "none" or "n/a")	n - See instructionsj	lines o	e not limited to the space on the n this form. Attach additional , if necessary.
1805 Montana St, Orlando FL 32	2803		and w	INSTRUCTIONS for when here to file this form are
120 Old Carriage Ct, Ponte Vedra	ı, FL 32081		locate	d at the bottom of page 2.
9350 Highland Woods Blvd, #4102 Bonita Springs, FL 34135			this fo	UCTIONS on who must file orm and how to fill it out 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						
401(A), 403(B) Retirement Accounts	Fidelity					
457(B) Retirement Account	Lincoln National					
437(B) Retirement Account	Lincoln National	the section of the section of				
PART E — LIABILITIES [Major debts - See instructio (If you have nothing to report, write "no						
NAME OF CREDITOR	1	ADDRES	SS OF CREDITOR			
N/A						
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	e" or "n/a")	s in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY	N/A					
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINES:	s					
NATURE OF MY OWNERSHIP INTEREST						
PART G — TRAINING For elected municipal officers required to complete a	70.0		, F.S. UIRED TRAINING.			
IF ANY OF PARTS A THROUGH G AR	E CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE 🗵			
SIGNATURE OF FIL	ER:	CPA or ATT	ORNEY SIGNATURE ONLY			
Signature: Collection of the C		If a certified public according good standing with the she must complete the l,	ountant licensed under Chapter 473, or attorney ne Florida Bar prepared this form for you, he or following statement:			
Date Signed: 6/10/2020		disclosure herein is true				
	alleging opportunity over the section of	Date Signed:				
FILING INSTRUCTIONS:						

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Candidates must file at the same time they file their qualifying

Thereafter, file by July 1 following each calendar year in which they hold their positions.

John Richard Schooler

PART A - PRIMARY SOURCES OF INCOME

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
None additional		

PART B – SECONDARY SOURCES OF INCOME

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C - REAL PROPERTY

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John Richard Schooler

PART D - INTANGIBLE PERSONAL PROPERTY

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Personal savings/checking accounts	Bank of America
Personal savings/checking accounts	Capital One
1AB Properties, LLC savings/checking accounts	Bank of America
Practical Advisory, LLC savings/checking accounts	Bank of America
SEP/IRA accounts	JW Cole – Privada Wealth Management
403(b), 457(b) Retirement accounts	Transamerica
Option Units	MRO Corporation
Option Units	ShareSafe Solutions, LLC
Retirement annuity account	MetLife

PART E - LIABILITIES

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F - INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY #1	BUSINESS ENTITY #2
NAME OF BUSINESS ENTITY	N/A	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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Schooled 4737 - JAMBON ST. BONIA SPRINGS, FL 34134

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

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UNITED STATES

FORM 1	STATEM	IENT OF		2019
Please print or type your name, mailing address, agency name, and position below:				
MAILING ADDRESS: 9344 MAILING ADDRESS: 9344 Myers CITY: Cole Compliance NAME OF AGENCY: NAME OF OFFICE OR POSITION HEL	Da 102 M Zee ZIP: COUNTY: CBOARD-FORT	Myers		720JUN159M0944 SDE Lee Co F1
CHECK ONLY IF	OR NEW EMPLOYEE OF	APPOINTEE 611)		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	REPORTABLE INTERESTS: BING REPORTING THRESHOL NG COMPARATIVE THRESHO	OR CALENDAR YEAR END DS THAT ARE ABSOLUTE LDS, WHICH ARE USUALL JSING (must check one):	DOLLA	R VALUES, WHICH REQUIRES
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to rt, write "none" or "n/a")	the reporting person - See instr	uctions]	
NAME OF SOURCE OF INCOME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JRCE'S DRESS		ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Realton	Soles Comm	155,0~13	Repl	Estate Sales
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to busines	ses owned by the reporting per- ADDRESS OF SOURCE	son - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, bui		n - See instructions]		e not limited to the space on the
MM	, whice notice of the j		FILING and w locate INSTR	on this form. Attach additional in the form. Attach additional in the form. The form are in the form are in the form of page 2. SUCTIONS on who must file form and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, (If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	certificates of deposit, etc See instructions] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Nisc #25	\$250 €			
PART E — LIABILITIES [Major debts - See instructions]				
(If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NOFEC Men.	NOON VA			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership of (If you have nothing to report, write "none" or "n/a") NAME OF BUSINESS ENTITY	or positions in certain types of businesses - See instructions] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	111			
POSITION HELD WITH ENTITY				
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 to	raining pursuant to section 112.3142, F.S. COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTIN	UED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY			
Signature:	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			
Date Signed:	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.			
CPA/Attorney Signature: Date Signed:				
FILING 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.

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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.

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Thereafter, file by July 1 following each calendar year in which they hold their positions.

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FORM 1	STATE	MENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	LINTEREST	S	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDD				250
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ALTI T	AVE			20JUN16#1005
- 100	NIL / 1			5001
FT MYERS	33908 LEE COUNTY:			8
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NAME OF AGENCY:	1 WI - A PASCES			CoFl
NAME OF OFFICE OR POSITION HE	NKLER PRESER ELD OR SOUGHT:	VE CAD		,-
	RVISOR			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE O	RAPPOINTEE 6/1)	/	
1	**** THIS SECTION MU	ST BE COMPLETE	D ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO				CEMBER 31 2019
MANNER OF CALCULATING			Diric .	OLWIDLI 01, 2010.
FILERS HAVE THE OPTION OF U	JSING REPORTING THRESHO	LDS THAT ARE ABSOLUTE	E DOLLA	R VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR US (see instructions for further details)	SING COMPARATIVE THRESHO	OLDS, WHICH ARE USUAL	LLY BASI	ED ON PERCENTAGE VALUES
	PERCENTAGE) THRESHOLDS	17/1		UE THRESHOLDS
PART A PRIMARY SOURCES OF IN	NCOME [Major sources of income to		20010-00-00-00-00-00-00-00-00-00-00-00-00	
(If you have nothing to rep	oort, write "none" or "n/a")			
NAME OF SOURCE OF INCOME	The state of the s	DURCE'S DDRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
DFAS	US Go			TARY RETIREMENT
SOCIAL SECURITY	US Gov	/'T	Soc	SEC BENEFITS
SECURITAS SECURITY	WEST LAKE VILLA	SE, CA	DEFIN	ED BENEFIT RET. INC.
PART B SECONDARY SOURCES O	DE INCOME			
[Major customers, clients, ar	nd other sources of income to busine port, write "none" or "n/a")	sses owned by the reporting pe	erson - See	e instructions]
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	_	ACTIVITY OF SOURCE
N/A			_	
NIA NIA			*****	
PART C REAL PROPERTY [Land, bu	aildings owned by the reporting person	on - Saa instructions!	Van	
(If you have nothing to repo	ort, write "none" or "n/a")	·	lines o	e not limited to the space on the in this form. Attach additional , if necessary.
39/0 SW 215 ST,	, LEhigh ACRES,	FL	l	, ir necessary. S INSTRUCTIONS for when
			and w	here to file this form are d at the bottom of page 2.
			INSTR	UCTIONS on who must file
			this to begin	rm and how to fill it out on page 3.

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PART D - INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certific	cates of deposit, etc See in	structions]
TYPE OF INTANGIBLE	.er or nvar)	BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES
NA		500250 2	WHO! WE THOUSEN THE STEE
NA			
PART E — LIABILITIES [Major debts - See instructions			
(If you have nothing to report, write "non	e" or "n/a")		
NAME OF CREDITOR			SS OF CREDITOR
CITI CORP		JEW YORK, NE	fur Joek
•		•	
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or posi	itions in certain types of bus	sinesses - See instructions]
(If you have nothing to report, write "none"	or "n/a") BUSIN	IESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	No	NE	NONE
ADDRESS OF BUSINESS ENTITY			11
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST	NOW	E	NONE
PART G — TRAINING			
For elected municipal officers required to complete ann			
I CERTIFY THAT I	HAVE COMP	PLETED THE REQI	UIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY SIGNATURE ONLY
Signature:	1	If a certified public according good standing with the she must complete the	untant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement:
Date Signed		I, I in accordance v	, prepared the CE vith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the
6/8/20		CPA/Attorney Signature	:
FILING INSTRUCTIONS:		Date Signed:	
		.	
If you were mailed the form by the Commission on Eth Supervisor of Elections for your annual disclosure from to that location. To determine what continues the continues of the	iling return the		together with their filing papers.

o 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.

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1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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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.

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IN THE
UNITED STATES

FORM 1	STATEM	IENT OF	2019
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MID Stout Marilyn Mildred	DLE NAME :		
MAILING ADDRESS: 2615 Casibari Ct			20.11
CITY: Cape Coral	ZIP: COUNTY: 33991 Lee		20.JUN16AM0933 SOE Lee Co.F.1
NAME OF AGENCY: City of Cape Coral		N/O	1350ELee Co F1
NAME OF OFFICE OR POSITION City Councilmember		6/15	e CoF1
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	APPOINTEE 013	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	**** THIS SECTION MUS YOUR FINANCIAL INTERESTS FO		
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR L		DS THAT ARE ABSOLUTE LDS, WHICH ARE USUALI USING (must check one):	DOLLAR VALUES, WHICH REQUIRES LY BASED ON PERCENTAGE VALUES AR VALUE THRESHOLDS
	INCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See inst	ructions]
NAME OF SOURCE OF INCOME	l soi	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
US Army Retirement			Husband's retirement
City of Cape Coral			City Councilmember
	S OF INCOME , and other sources of income to busine report, write "none" or "n/a")	sses owned by the reporting pe	rson - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Rental income			Lee County
	, buildings owned by the reporting person eport, write "none" or "n/a") oral, FL 33914	on - See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
2907 SW 29th Ave, Cape Coral, FL 33914			FILING INSTRUCTIONS for when and where to file this form are
6806 Autumn Ct, North Fort	Myers, FL 33902		located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

TYPE OF INTANGIBLE	1	BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES
Stocks & Bonds	Raymond James & Associates		
-			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nothing to report, write")			
NAME OF CREDITOR		ADDRES	S OF CREDITOR
N/A			
PART F — INTERESTS IN SPECIFIED BUSINESSES		ositions in certain types of busi	inesses - See instructions]
(If you have nothing to report, write "non		SINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINES	s		
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING			
For elected municipal officers required to complete a			
I CERTIFY THAT	I HAVE COM	MPLETED THE REQU	JIRED TRAINING.
IF ANY OF PARTS A THROUGH G AR	RE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FIL	<u>ER:</u>	CPA or ATTO	PRNEY SIGNATURE ONLY
Signature:			untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement:
Marilez M. Star	it		, prepared the Ci hith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct
Date Signed:			
June 1, 2020		CPA/Attorney Signature	
		Date Signed:	

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.

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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.



'20JUN16AM093350E Lee (oF)

Supervisor at Blechons
P.O. Box 2545
Fort Myers, FL. 33902

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FORM 1	STATEMI	ENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERE	STS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE NA WEBEL MICHAEL MAILING ADDRESS: 10630 VIA MILANO DR	AME: THOMAS			. 20.IIII.02.
TOUSE VIII THE DIE			1	m1004
MIROMAR LAKES 339 NAME OF AGENCY:		West and the	./	20JUN16AM100450ELeeCoF
MIROMAR LAKES COMMUNIT NAME OF OFFICE OR POSITION HELD OF BOARD OF SUPERVISORS -	OR SOUGHT :	1.17	V	T
CHECK ONLY IF CANDIDATE OF		PPOINTEE	6/13	
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019. MANNER OF CALCULATING REPORTABLE INTERESTS:				
FILERS HAVE THE OPTION OF USING FEWER CALCULATIONS, OR USING (see instructions for further details). CI	G REPORTING THRESHOLDS COMPARATIVE THRESHOLD HECK THE ONE YOU ARE US	S, WHICH ARE	USUALLY B ck one):	17
PART A PRIMARY SOURCES OF INCOM (If you have nothing to report,		reporting person -	See instruction	ons]
NAME OF SOURCE OF INCOME	SOUR(ADDRI			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PCSB BANK	2651 STRANG BLVD, YORK	JOHN HEIGHTS.	NY	BANKING
SALE OF RENTAL PROPERTY	20315 TORDE DELLA	160 ST, ESTER	OFT RE	ENTAL PROPERTY
PHC PENSION	STONELEIGH AVE, CAR	emel, NY	#	astital
PART B SECONDARY SOURCES OF IN [Major customers, clients, and of (If you have nothing to report,	ther sources of income to businesses	s owned by the rep	orting person -	- See instructions]
	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRE OF SOU		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buildin			60	ou are not limited to the space on the
(If you have nothing to report, v	vrite none or ma j	Nove		nes on this form. Attach additional neets, if necessary.
			an	LING INSTRUCTIONS for when nd where to file this form are cated at the bottom of page 2.
<u></u>			th	STRUCTIONS on who must file is form and how to fill it out egin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Side) (If you have nothing to report, write "non TYPE OF INTANGIBLE	e" or "n/a")		tructions]
ANNBITY	NATIONWIDE INS - INVESTMENT		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non NAME OF CREDITOR		JOWE ADDRES	S OF CREDITOR
PART F — INTERESTS IN SPECIFIED BUSINESSES {If you have nothing to report, write "none"	or "n/a")	s in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	PCSB BANK		
ADDRESS OF BUSINESS ENTITY	2651 STRAN	6 BLVD HEIGHTS	y vy
PRINCIPAL BUSINESS ACTIVITY	BANK		
POSITION HELD WITH ENTITY	DIRECTOR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NO		
NATURE OF MY OWNERSHIP INTEREST	STOCK		
PART G — TRAINING For elected municipal officers required to complete an	- "		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE Signature: Mukael T. Weber	<u>:R:</u>	If a certified public acco in good standing with th she must complete the I, Form 1 in accordance v	, prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the
Date Signed: 6/12/20		CPA/Attorney Signature Date Signed:	·
FILING 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. <u>Do not email your form to the Commission on Ethics, it will be returned</u>.

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Candidates must file at the same time they file their qualifying papers.

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Miromar LakesIFL 33913 Michael & Leslie Weber 10630 Via Milano Dr

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FL 335 TAMPA

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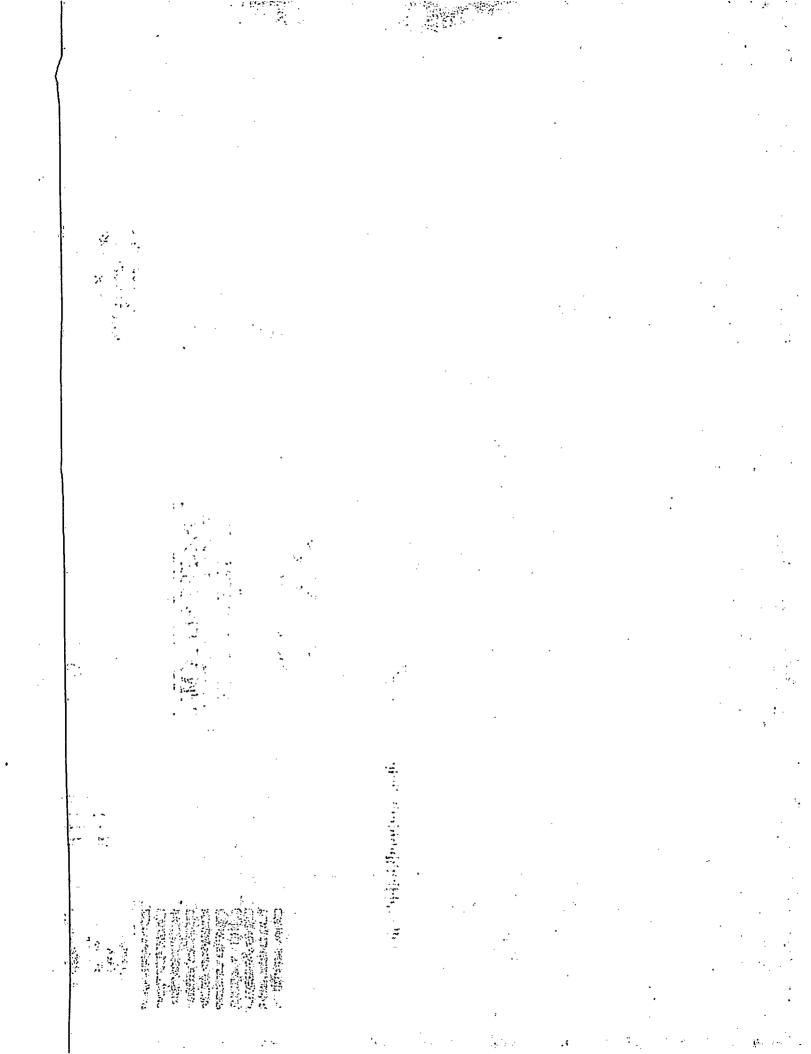
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FORM 1	STATEN	MENT OF		2019	
Please print or type your name, mailing address, agency name, and position below:					
LAST NAME FIRST NAME MIDDLE N	AME :		0)	0940	
Whittemore 1: MAILING ADDRESS:	JONNIE MA	212		A	
25151 FAIRWAY 1)unes Ct			Lee Co F1	
Bonita Springs			1	Ω TI	
	CITY: COUNTY: BONITASPRINGS 34135 Lee				
NAME OF AGENCY/:	. 0 1	0 /			
Bonita Spring Kesto	recal Preservati	oul Sour	1		
NAME OF OFFICE OR POSITION HELD OF	24 1	arker .	V		
CHECK ONLY IF CANDIDATE OF	\/	RAPPOINTEE 6/12			
****	THIS SECTION MU	ST BE COMPLETED	D ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31 2019	
MANNER OF CALCULATING REP			DIII O DE	OLIVIDEIX 01, 2013.	
FILERS HAVE THE OPTION OF USING	G REPORTING THRESHOL	DS THAT ARE ABSOLUTE	DOLLA	R VALUES, WHICH REQUIRES	
FEWER CALCULATIONS, OR USING (see instructions for further details). Cl	COMPARATIVE THRESHO	LDS, WHICH ARE USUAL	LY BASE	ED ON PERCENTAGE VALUES	
	CENTAGE) THRESHOLDS	~/		UE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOM	ME [Major sources of income to	the reporting person - See inst	tructions]		
NAME OF SOURCE	The company of the control of the c	LIDOFIG			
OF INCOME	AD	URCE'S DRESS	P	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
SOCIAL Seconity	US GOV			TIRED	
PENSION	Hewlett P	CKARD		tirement	
<i>IRA</i>	200 ChARITO	NCIAL VRD SteB St		nd Mgt	
PART B SECONDARY SOURCES OF IN		URD SteB SH	URB	PIDGE MASS.	
[Major customers, clients, and of (If you have nothing to report,	her sources of income to busine	sses owned by the reporting pe	rson - See	instructions]	
NAME OF NAME OF MAJOR SOURCES ADDRESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE				PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA					
PART C REAL PROPERTY [Land, building (If you have nothing to report, w	gs owned by the reporting perso rrite "none" or "n/a")	n - See instructions]	lines o	e not limited to the space on the n this form. Attach additional	
NA				, if necessary. G INSTRUCTIONS for when	
			and where to file this form are located at the bottom of page 2.		
			447400000000000000000000000000000000000	a at the bettern of page 2.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	tocks, bonds, certificates of deposit, etc See instructions] ne" or "n/a")						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
ANNUITY	PRUDENTIAL						
SAVINGS Accts	BANKOF AMERICA						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non							
NAME OF CREDITOR	ADDRESS OF CREDITOR						
BANK OF AMERICA	MTG BONITA SpRINGS FLORIDA						
Third Federal BA	NK						
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	 						
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
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	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE OF FILE	R: CPA or ATTORNEY SIGNATURE ONLY						
Signature:	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:						
Bonne MWLittemou	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:							
	CPA/Attorney Signature:						
June 12, 2020	Date Signed:						
FILING INSTRUCTIONS:							
 	this are County. Condidates file this form together with their filing papers						

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), 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 filling 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.

Ms. Bonnie M. Whittemore 25151 Fairway Dunes Ct Bonita Springs, FL 34135

"20JUN15AM0940 SOE Lee Co F1

POBOX 2545, Fot,

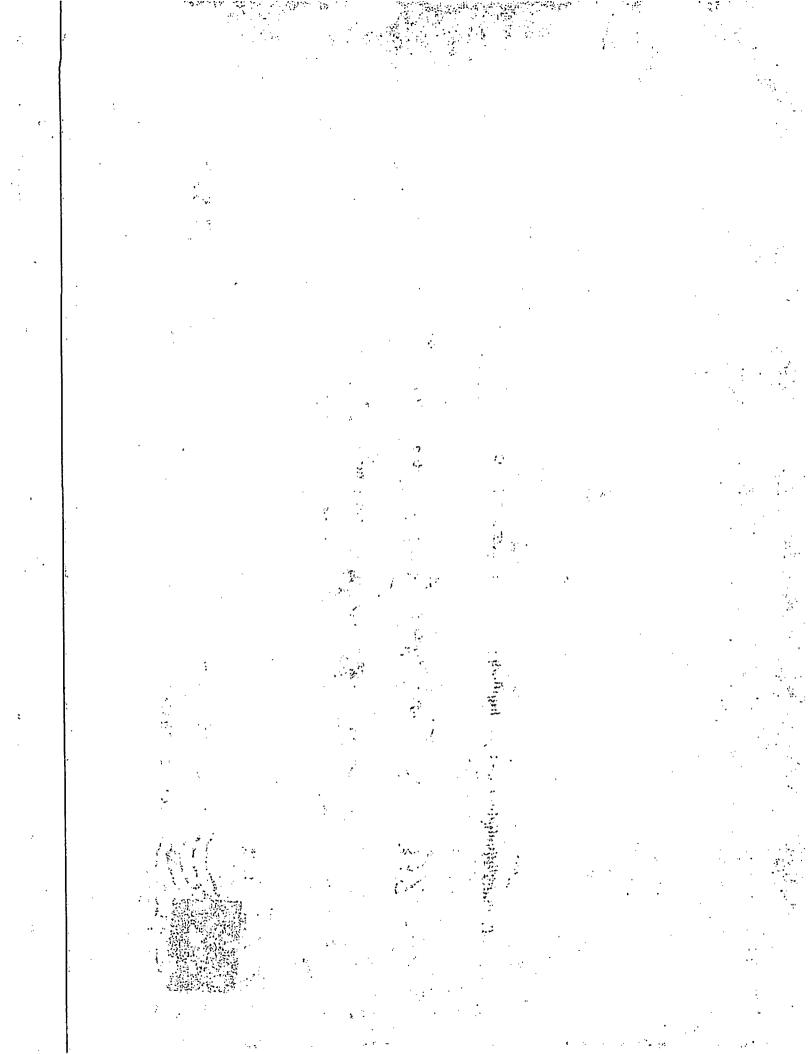
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34902-254545

TO THE COOR PART OF





FORM 1	STATEN	MENT OF	2019	2019				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ON	LY:				
LAST NAME FIRST NAME MIDDL	NT 10 10 10 10 10 10 10 10 10 10 10 10 10							
Wood Leonard	Earle alklas	scotty	8					
MAILING ADDRESS :	St / 2.42	# 202	Langer Manur Facility					
19000 Sapphire	anores cane	H 202	20JUN12#10833					
Estero 3	3928 Lee		/ 8					
CITY: ZIP: COUNTY:			/ A					
Village of Estero		Lee Co						
Village of Esters			년					
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :	16	V					
Chairman, Planning	& Zoning Board	6/8						
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE O	RAPPOINTEE						
*	**** THIS SECTION MUST BE COMPLETED ****							
DISCLOSURE PERIOD:	LID EINANCIAL INTEDESTS E		INO DECEMBED OF COTO	7.0				
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS F	OR CALENDAR YEAR END	ING DECEMBER 31, 2019.					
MANNER OF CALCULATING								
FILERS HAVE THE OPTION OF US	NG COMPARATIVE THRESHOL	.DS THAT ARE ABSOLUTE LDS. WHICH ARE USUALL	DOLLAR VALUES, WHICH REQU Y BASED ON PERCENTAGE VAI	IRES UFS				
(see instructions for further details).	CHECK THE ONE YOU ARE	USING (must check one):	TOTOLD ON PEROLITING WIL	-020				
COMPARATIVE (PI	ERCENTAGE) THRESHOLDS	OR DOLLA	R VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF IN- (If you have nothing to repo		the reporting person - See instru	uctions]					
NAME OF SOURCE	A STATE OF THE STA	UPCE'S	DESCRIPTION OF THE SOURC	.E.I.O.				
OF INCOME	AD	SOURCE'S DE ADDRESS PF						
Vanguard Admiral Inde	x Fund Malvern, F	ennsylvania :	Investment Fund Rr	QN				
			ederal Governement Retin	enail				
			<i>V</i>					
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 rep	ort, write "none" or "n/a")		edulitik - kate it affektion titat in matter tital tita 🕻 :					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINES	6000				
N/4								
PART C REAL PROPERTY [Land, bu	ildings owned by the reporting perso	n - See instructions]	You are not limited to the space on	the				
(If you have nothing to repo	lines on this form. Attach additional sheets, if necessary.							
''1/1	FILING INSTRUCTIONS for whe	n						
	and where to file this form are located at the bottom of page 2							
		INSTRUCTIONS on who must fil						
			this form and how to fill it out begin on page 3.					

PART D — INTANGIBLE PERSONAL PROPERTY (St (If you have nothing to report, write "nor			s of deposit, etc See ins	structions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor		")			
NAME OF CREDITOR		ADDRESS OF CREDITOR			
N/A					
•		_			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none			s in certain types of bus	inesses - See instructions]	
(ii you have nothing to report, write mone	•	BUSINES	S ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	NIA				
ADDRESS OF BUSINESS ENTITY		NIA			
PRINCIPAL BUSINESS ACTIVITY		N/A			
POSITION HELD WITH ENTITY	NA				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	MIA				
NATURE OF MY OWNERSHIP INTEREST	NIA				
PART G — TRAINING					
For elected municipal officers required to complete an		•			
☐ I CERTIFY THAT I	HAVE	COMPL	ETED THE REQ	UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARI	E CONTI	NUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER:			CPA or ATTORNEY SIGNATURE ONLY		
Signature:		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:			
Remand Earle Woodal		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:		CPA/Attorney Signature:			
6-9-2020		Date Signed:			
EILING INSTRUCTIONS.					
FILING INSTRUCTIONS:					

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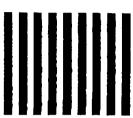
L.E. Wood III 19000 Sapphire Shores Lane #202 Estero, FL 33928

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POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888

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IF MAILED
IN THE
UNITED STATES



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