

# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

# 2015

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
 Hayes, Patrick James

MAILING ADDRESS :  
 19310 Burgundy Farm Road

CITY : ZIP : COUNTY :  
 Estero, FL 33928 Lee

NAME OF AGENCY :  
 East Mulloch Drainage District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 Supervisor

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

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

20-06-16 AM 09:22

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

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

DECEMBER 31, 2015 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**  
 FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Hayes Realty	Estero, FL	Real Estate Sales
Oriole Oaks, LLC	Estero, FL	Real Estate Sales
Flex Industrial Corp.	Fort Myers, FL	Lease
Reliance Land Group	Estero, FL	Real Estate Sales

**PART B -- SECONDARY SOURCES OF INCOME**  
 [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See items in Part A			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

Various Real Estate Properties (See attached schedule)

**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.

IF YOU HAVE NOTHING TO REPORT, WRITE "NONE" IN (b)

PART B - DISBURSES (Major Items - See Instructions)

NAME OF DONOR

ADDRESS OF DONOR

NAME

NAME

NAME OF THE ORGANIZATION

SIGNATURE OF OFFICER

SIGNATURE

See in (a) how to fill out this form. It is a form that must be filled out with 60 days of leaving office or resignation. Fill out Form 1 (if you are leaving office) or Form 2 (if you are resigning) in the space on the back of this form.

Candidate has the same location with this qualifying party. Candidate who previously filed Form 1 because of another party must file a copy of Form 1 with the Commission, P.O. Box 1000, Tallahassee, FL 32304-1000, or at the State Capitol Building, Room 300, Tallahassee, FL 32303.

Qualifying party. Candidates who previously filed Form 1 because of another party must file a copy of Form 1 with the Commission of State Elections, P.O. Box 1000, Tallahassee, FL 32304-1000, or at the State Capitol Building, Room 300, Tallahassee, FL 32303.

**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
None worth more than 10% of total assets	

**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 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**

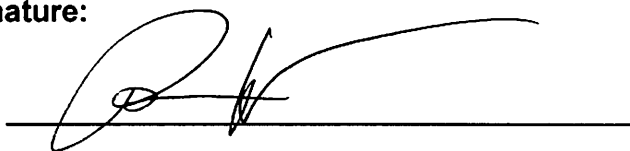
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

6-15-16

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

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

**Facsimiles will not be accepted.**

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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

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

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

DEPARTMENT OF LAND AND NATURAL RESOURCES  
BUREAU OF LAND MANAGEMENT

Frontier, LLC - Alice Road  
Harris County, TX

DEPARTMENT OF LAND AND NATURAL RESOURCES  
BUREAU OF LAND MANAGEMENT

Flex Industrial Corp. - Alice Road  
Harris County, TX

OFFICE OF THE ATTORNEY GENERAL

STATE OF TEXAS  
COUNTY OF HARRIS

Know all men by these presents that the undersigned, Frontier, LLC, a limited liability company organized under the laws of the State of Texas, and Flex Industrial Corp., a corporation organized under the laws of the State of Texas, do hereby certify that the following is a true and correct copy of the deed of conveyance recorded in the public records of Harris County, Texas, on this 1st day of January, 2011.



WITNESSED my hand and the seal of the County Clerk of Harris County, Texas, this 1st day of January, 2011.

\_\_\_\_\_  
County Clerk, Harris County, Texas

## REAL PROPERTY

### DESCRIPTION AND LOCATION OF PROPERTY

Flex Industrial Corp. - Alico Road  
Lee County, FL

Oriole Oaks, LLC  
Lee County, FL

Hardwood LLC - Metro Extension  
Lee County, FL

Metal Pole, LLC - Metro Extension  
Lee County, FL

Daniels Pkwy - 8.3 acres  
Lee County, FL

GP Holdings, LLC - Gator Road  
Lee County, FL

Pine Road 18, LLC  
Lee County, FL

### DESCRIPTION AND LOCATION OF PROPERTY

Rentco, LLC - Alico Road  
Lee County, FL

Corkscrew East  
Lee County, FL

Burgundy Farms - Corkscrew  
Lee County, FL

Lee/Alico - Alico Road  
Lee County, FL

Mulloch Creek - 5 ± Acres on Creek  
Lee County, FL

Fiddlesticks 8.5, LLC  
Lee County, FL

Treeline 18, LLC  
Lee County, FL

MEMORANDUM

TO: THE DIRECTOR, FBI

FROM: SAC, [illegible]

SUBJECT: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

RECEIVED: [illegible]

[illegible]

RECEIVED: [illegible]

[illegible]

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**EAST MULLOCH DRAINAGE DISTRICT  
P.O. Box 511  
ESTERO, FLORIDA 33929  
(239) 267-7472 • Fax (239) 267-7622**

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June 7, 2016

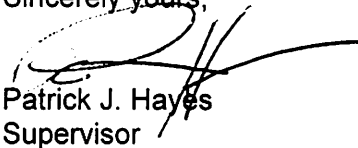
Ms. Sharon Harrington  
Supervisor of Elections, Lee County  
Lee County Elections Office  
P.O. Box 2545  
Fort Myers, FL 33902-9888

Dear Ms. Harrington:

Enclosed please find the Statement of Financial Interests for Mr. Patrick J. Hayes for 2015.

Please let me know if there is any additional information you may require.

Sincerely yours,

  
Patrick J. Hayes  
Supervisor

mlc

AMERICAN BANK	1000
1000	1000
1000	1000
1000	1000

Division of Economic Development  
 1000  
 1000

Please refer to the attached information for details regarding the proposed project.

**COMMITTEE (RECOMMENDATION) PROCEEDS TO**

THE BOARD OF SUPERVISORS OF THE COUNTY OF ALBANY FOR APPROVAL AND ADOPTION OF THE LOCAL ORDINANCE.

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