FORM 1F

# FINAL STATEMENT OF FINANCIAL INTERESTS

2018

| (TO BE FILED W   | TITHIN 60 DAYS OF LE | AVING PUBLIC OFFIC  | E OR  | EMPLOYMENT)   |  |  |
|--|----------------------|---|---|---|--|--|
| LAST NAME — FIRST NAME — MIDDE<br>JORDAN AR J  | NAME OF REPORTING PE | RSON'S A  | GENCY:  |   |  |  |
| MAILING ADDRESS:<br>2144 CARL STREET   |                      | CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):  LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE |   |   |  |  |
| PORT HYERS   |                      |   |   |   |  |  |
| CITY: ZIP:   | COUNTY:              | LIST OFFICE OR POSITIO  | LIST OFFICE OR POSITION HELD:  PLAN DING DECEDE   |   |  |  |
| ***BOTH PARTS OF THIS SECTION MUST BE COMPLETED***  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2018 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS   |                      |   |   |   |  |  |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - Specimetractions]  (If you have nothing to report, write "none" or "n/a")  NAME OF SOURCE  SOURCE'S OF INCOME  ADDRESS  PRINCIPAL BUSINESS ACTIVITY  |                      |   |   |   |  |  |
| OF INCOME.   |                      |   | 37.700 977  |   |  |  |
|  |                      |   |   |   |  |  |
| PART B SECONDARY SOURCES OF INCOME  [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")  NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS  BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE |                      |   |   |   |  |  |
| NA   |                      |   |   |   |  |  |
|  |                      |   |   |   |  |  |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")   |                      |   | and volume in a second | G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.  RUCTIONS on who must file form and how to fill it out in on page 3 of this packet. |  |  |
|  |                      |   |   |   |  |  |

| 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   | BU                  | ISINESS ENTITY TO WHIC  | CH THE PROPERTY RELATES |  |  |
|  |                     |   |                         |  |  |
| N/b  |                     |   |                         |  |  |
|  |                     |   |                         |  |  |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or  | r "n/a")            |   |                         |  |  |
| NAME OF CREDITOR   |                     | ADDRESS OF CREDITOR   |                         |  |  |
| K  |                     |   |                         |  |  |
|  |                     |   |                         |  |  |
|  |                     |   |                         |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none" or   | "n/a")              |   |                         |  |  |
| NAME OF BUSINESS ENTITY  | BUSINESS ENTITY # 1 |   | BUSINESS ENTITY # 2     |  |  |
| ADDRESS OF BUSINESS ENTITY   |                     |   |                         |  |  |
| PRINCIPAL BUSINESS ACTIVITY  |                     |   |                         |  |  |
| POSITION HELD WITH ENTITY  |                     |   |                         |  |  |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS  |                     |   |                         |  |  |
| NATURE OF MY OWNERSHIP INTEREST  |                     |   |                         |  |  |
| IF ANY OF PARTS A THROUGH F ARE C  | ONTINUED ON         | A SEPARATE SHEE   | ET, PLEASE CHECK HERE   |  |  |
| Signature:  Date Signed:  10, 2019   |                     | CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I, |                         |  |  |

## WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

#### WHERE TO FILE:

Local officers 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

### **FILING INSTRUCTIONS:**

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

#### NOTE:

If you are leaving office or employment during the first half of 2018, you may not have filed Form 1 for 2017. In that case, this is not the last form you will file. Form 1F covers January 1, 2018, through your last day of office or employment. You will be required to file Form 1 for 2017 by July 1, 2018, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.



# City of Sanibel

800 Dunlop Road Sanibel, Florida 33957-4096

www.mysanibel.com

AREA CODE - 239

| CITY COUNCIL         | 472-4135 |
|----------------------|----------|
| ADMINISTRATIVE       | 472-3700 |
| BUILDING             | 472-4555 |
| EMERGENCY MANAGEMENT | 472-3111 |
| FINANCE              | 472-9615 |
| LEGAL                | 472-4359 |
| NATURAL RESOURCES    | 472-3700 |
| RECREATION           | 472-0345 |
| PLANNING             | 472-4136 |
| POLICE               | 472-3111 |
| PUBLIC WORKS         | 472-6397 |
|                      |          |

September 07, 2018

Ms. Cheryl Futch Quality Officer Lee County Supervisor of Elections Post Office Box 2545 Fort Myers, Florida 33902

Re:2018 Final Financial Disclosure

Dear Ms. Futch:

Please find enclosed the 2018 Final Financial Disclosure form for Mr. James C Jordan.

Thank you.

Sincerely yours,

Pamela Smith, MMC Sanibel City Clerk

**Enclosure** 



Hasler 09/07/2018 000.470



ZIP 33957 011E11678698

Ms. Cheryl Futch Quality Officer Lee County Supervisor of Elections P.O. Box 2545 Fort Myers, FL 33902

33902-254545

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