| FORM 1 | - -, | STATEMENT OF | | | | |
|---|--|---|-----------------------|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | 1 | LINTEREST | rs [| FOR OFFICE USE ONLY: | | |
| LAST NAME FIRST NAME MIDD Kanan Elizabet MAILING ADDRESS: P. O. Box 684 | Proctor | | | 17JUN228M0911 SOE Lee Co F | | |
| | | | | 9m09 | | |
| CITY: FORT MILES NAME OF AGENCY: | ZIP: COUNTY 3 39 11 | Lec | | 11 50E1 | | |
| NAME OF OFFICE OR POSITION HE Board of Adjustm | .D OR SOUGHT : | Q | | _ec (∘ F1 | | |
| You are not limited to the space on the li CHECK ONLY IF CANDIDATE | | - ti | 6/10 | | | |
| **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: | | | | | | |
| THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): | R FINANCIAL INTERESTS FOR ASE STATE BELOW WHETHER | THE PRECEDING TAX YE R THIS STATEMENT IS FO | EAR, WHE OR THE PR | THER BASED ON A CALENDAR ECCEDING TAX YEAR ENDING | | |
| © DECEMBER 31, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: | | | | | | |
| MANNER OF CALCULATING REF FILERS HAVE THE OPTION OF USII CALCULATIONS, OR USING COMP for further details). CHECK THE ONE | IG REPORTING THRESHOLDS ARATIVE THRESHOLDS WHICH | H ARE IISHALI Y BASELI | OLLAR VAL ON PERCE | UES, WHICH REQUIRES FEWER ENTAGE VALUES (see instructions | | |
| © 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 | | ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| Kagan Law Firm, LLC | 8191 College Phuy #: | 8191 College Pluy #323, Ft. Mycrs . FL | | -ne y | | |
| | | | <u> </u> | | | |
| | | | | | | |
| PART B SECONDARY SOURCES OF (Major customers, clients, and (If you have nothing to rep | d other sources of income to busine | esses owned by the reporting | person - Se | e instructions] | | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | |
| None | | | | | | |
| | | | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") | | | FILIN and v | I G INSTRUCTIONS for when here to file this form are | | |
| Grand Carmon Is Undeveloped land Puth Grove Manatee County - Citrus Grove | | | | ed at the bottom of page 2. RUCTIONS on who must file | | |
| lico Road - undevelo | begin | this form and how to fill it out begin on page 3. | | | | |

| in good standing with the Florida Bar prepared this form for you, he she must complete the following statement: 1 | <u>k, k '</u> | | | | |
|--|---|------------------------------|--|--|--|
| TYPE OF INTANGIBLE Stock Kagen Law Firm LLC PART E — LIABILITIES (Major debts - See instructions) (If you have nothing to report, write "none" or "n/a") NAME OF CREDITOR PART F — INTERESTS IN SPECIFED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # BUSINESS ENTITY # BUSINESS ENTITY # 1 BUSINESS ENTITY # BUSINESS ENTITY # BUSINESS OF BUSINESS ENTITY # 2 PART S BUSINESS OF BUSINESS ENTITY R/97 College Pkww, #303 FH Wars PRINCIPAL BUSINESS ACTIVITY Legal Owner / Affancy DOWNER THAN A 5% INTEREST IN THE BUSINESS Les NATURE OF MY OWNERSHIP INTEREST Shareholder 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: CPA OF ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chepter 473, or altors in good standing with the Florida Bate prepared this form for you, he she must complete the following statement: [Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief. discharge herein let use some purple the following statement: [Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief. discharge herein let use purple the following statement: [Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief. discharge herein let use purple the following statement: [Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief. discharge herein let use purple the following statement: [Form 1 in accordance with Section 112.3145, Florida Statutes, and i | PART D — INTANGIBLE PERSONAL PROPERTY | Y [Stocks, bonds, certificat | es of deposit, etc See in | structions] | |
| PART E — LIABILITIES (Major debts - See instructions) (If you have nothing to report, write "none" or "n/a") NAME OF CREDITOR 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 # BUSINESS ENTITY # BUSINESS ENTITY # 1 ADDRESS OF BUSINESS ENTITY Kapan AU Firm LC ADDRESS OF BUSINESS ENTITY RIP! College Pkwv, #303 Ft. Mvcrs PRINCIPAL BUSINESS ACTIVITY Legal POSITION HELD WITH ENTITY Owner / Attorney 1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS yes NATURE OF MY OWNERSHIP INTEREST Share no deep 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: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florids Bar prepared this form for you, he she must complete the form. Upon my reasonable knowledge and belief. Instructions to the form. Upon my reasonable knowledge and belief. Instructions to the form. Upon my reasonable knowledge and belief. Instructions to the form upon my reasonable knowledge and belief. Instructions to the form upon my reasonable knowledge and belief. | | "none" or "n/a") | | | |
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| / I disclosure berein is true and correct | - gaver () | | Form 1 in accordance with Section 112.3145. Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the | | |
| Date Studen: VJ II | Date Signed: | \mathcal{L} | disclosure herein is true | and correct. | |
| CPA/Attorney Signature: | | | CPA/Attorney Signature: | | |
| June 19 2017 Date Signed: | June 19, 2017 | | Date Signed: | | |
| FILING INSTRUCTIONS: | | FILING INSTR | 11- | | |
| WHAT TO FILE: WHEN TO FILE: WHEN TO FILE: | WHAT TO FILE: | | | WHEN TO FILE: | |
| After complete and the first of | After completing all parts of this form, including | If you were mailed the for | m by the Commission | Initially, each local officer/employee, state officer | |

sheet (pages 1 and 2) for filing.

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

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.

Facsimiles will not be accepted.

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.

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.

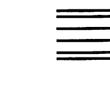
Thereafter, file by July 1 following each calendar year in which they hold their positions.

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, 2016.

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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