FORM 1	STATE	STATEMENT OF		2018		
Please print or type your name, mailin address, agency name, and position b	FINANCIA	L INTEREST	S	FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - N			······································			
MAILING ADDRESS :				. 4		
P.O. Box 684						
CITY:	ZIP: COUNTY	:	/	19JUL03#10843 SQE		
Fort Myers NAME OF AGENCY:	33916	Lee		084 4		
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:			Ä		
1 -	1. 4 4. 10	reals		``Lee (0 FI		
You are not limited to the space on t	he lines on this form. Attach additional's	1 (1.04)	h	. <u>1</u>		
			/			
**** 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, 2018 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		
Lagan Law Firm, LLC	8191 College Plany, S	8191 College Plany, Suite 803, Ft. Myers, FL		brney		
V						
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		
Vone	OF BOSINESS INCOME	OI COUNCE		ACTIVITY OF GOORGE		
		and the second of the second o		and the semantic control of the company of the company of the control of the cont		
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 w	INSTRUCTIONS for when here to file this form are		
with Grove Manates Cour - Citrus Grove				d at the bottom of page 2. UCTIONS on who must file		
			this fo	rm and how to fill it out on page 3.		

The second secon					
PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no	Stocks, bonds, certifica	ites of deposit, etc See in	estructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Stock	Kagan Law Firm, LCC				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "no		and the control of the property of the Control of t	en un en		
NAME OF CREDITOR	ADDRESS OF CREDITOR				
None					
S to the second of the second second contribution of the contribution of the contribution of the second contribution of the secon					
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	[Ownership or position	ons in certain types of bus	inesses - See instructions]		
(ii you have nothing to report, write none	BUSINES	SS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	Kagan Law 1	Firm LLC			
ADDRESS OF BUSINESS ENTITY	8191 College Plany #303, Ft Myers FL				
PRINCIPAL BUSINESS ACTIVITY	Practice of Law				
POSITION HELD WITH ENTITY	Dwner / Attorney				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	7			
NATURE OF MY OWNERSHIP INTEREST	Membershie	Units.			
PART G — TRAINING			a and a material section of the property of the section of the section of the section of the section of		
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.					
☐ I CERTIFY THAT I	HAVE COMPL	ETED THE REQU	JIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHEE	T, PLEASE CHECK HERE		
SIGNATURE OF FILE	<u>R:</u>	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:			
Clipalatt P. Kan		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			
Date Signed:		disclosure herein is true	and correct.		
June 30,2019		CPA/Attorney Signature:			
June Ju . Zu !		Date Signed:			
FILING INSTRUCTIONS:					
you were mailed the form by the Commission on Eth upervisor of Elections for your annual disclosure fi	ics or a County Ca		gether with their filing papers.		
opervisor of Lieutons for your annual disclosure th	my, return the tal	HITTIDLE CHARGE UNINE	DECCADA		

form to that location. To 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.

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. Form 6s will not be accepted via email.

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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

Kagan Law Firm, LLC £191 College Parkway, Suite 303 Fort Myers, £L 33919 EL 1000 EL 1000

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Supervisor of Elections P.O. Box 2545 Fort Myers, FL 33902-9888

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