FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2016

| (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT) | | | | | | | |
|---|--|--|---|---|--|--|--|
| LAST NAME - FIRST NAME - MIDDLE NAME: Kahle Catherine Ann MAILING ADDRESS: 12521 Alfendale Circle Fort Myers 33912 Lee CITY: ZIP: COUNTY: | | | NAME OF REPORTING PERSON'S AGENCY: W CHECK ONE OF THE FOLLOWING (see "Who toost File" on page 3): LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE TO SPECIFICE OR POSITION HELD: LIST OFFICE OR POSITION HELD: | | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2016 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 - 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 | | | |
| N/A | | | | | | | |
| PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to busines (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME | | sses owned by reporting person - See ins ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| | | N/P | | <u>-</u> | | | |
| | | | | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") | | | | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. | | |
| N/K | | | | | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. | | |
| | | | | | | | |

| PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none | | cates of deposit, etc See in | nstructions] | | |
|--|---|---|---------------------|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| TSA | Lee | Memoria | 1 Health System | | |
| | | | 7 | | |
| | | | | | |
| PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none | ns] " or "n/a") | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | | |
| F. FILThird Bank | CINCINNATI, ONIO. | | | | |
| Amos Kan Education Serv. | Harris bulg PA | | | | |
| THE CAR ENTERNION DELV. | <u> </u> | 11.12 pm. 1 | , , , , | | |
| PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "none") 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 | or "n/a") BUSINESS | SENTITY#1 | BUSINESS ENTITY # 2 | | |
| IF ANY OF PARTS A THROUGH F ARI | | | | | |
| Signature: Date Signed: | R: | 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, | | | |
| | | | | | |

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

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.

FILING INSTRUCTIONS:

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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, Florida 32303.

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 2016, you may not have filed Form 1 for 2015. In that case, this is not the last form you will file. Form 1F covers January 1, 2016, through your last day of office or employment. You will be required to file Form 1 for 2015 by July 1, 2016, 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.