

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2014

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

MAILING ADDRESS:

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE, OR POSITION HELD OR SOUGHT:

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

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PM 6/5

**** 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, 2014

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:

☐

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 INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITYRetired
Rental Income
K-E Rentals
Social SecurityJK Sales Network
1364 Shadow
wash DCRental
Rental
Retired

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 ENTITYNAME OF MAJOR SOURCES
OF BUSINESS' INCOMEADDRESS
OF SOURCEPRINCIPAL BUSINESS
ACTIVITY OF SOURCE

See above

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

See Attached

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.

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

stocks

UBS

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

Chase
Central Bank
C-1 Bank
Wells FargoFt. Myers
"
"
"**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

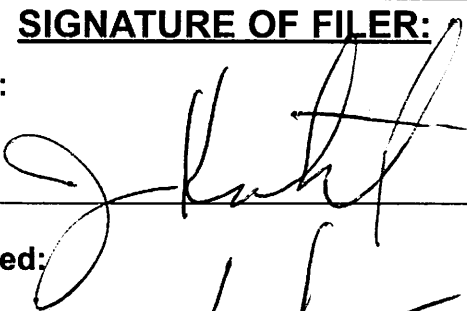
POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

BFF-
Ft. Myers
Farming
Partner
InvestorIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒**SIGNATURE OF FILER:**

Signature:



Date Signed:

6/5/15

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 at least file a copy of his or her original 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.

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 the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.**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** for publicly-elected local office must file at the same time they file their qualifying papers.**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

JOHN AND JEAN KAKATSCH FINANCIAL STATEMENT

2015

Kakatsch Family Limited Partnership #2

Property Address	Units	House Val	Lot Value	Total	Mortgage	Net Value	Income Mo	Expenses	Bank
100-104 Jefferson FMB	2	150000	150000	300000	0	300000	1700	250	NA
110-120 Jefferson FMB	2	125000	185000	310000	0	310000	1900	250	NA
240-244 Dakota FMB	2	164000	236000	400000	0	400000	2000	500	N-
260 Fairweather FMB	1	150000	150000	300000	0	300000	1200	200	NA
267/269/270 Fweather FMB	3	175000	300000	475000	0	475000	2900	260	NA
914-916 North St. FMB	2	233000	117000	350000	100100	151000	2050	300	Chase
7330 Estero Blvd #205	1	310000	NA	310000	0	310000	1100	250	NA
5474 Oak Ridge FMB	2	209000	241000	450000	200000	250000	2600	250	Central Bank
Subtotal				2895000		2495000	15450		

Jean Kakatsch Revocable Real Estate Trust

5024-5026 24th SW Lehigh	2	21400	41000	255000	190000	60000	1600	200	Wells Fargo
1364 Shadow Lane FM primary hor	1	260000	290000	550000	273000	277000	NA	NA	FineMark
903-905 SE 24th Ave Cape Coral	2	150000	50000	200000	70000	130000	1500	120	C1 Bank
217-219 Dakota St FMB	2	172000	223000	425000	216000	177000	2200	200	Chase
5441-5451 Oak Ridge FMB	2	180000	220000	400000	156000	244000	1950	200	C1 Bank
128A-128B Jefferson FMB	2	200000	100000	300000	98000	202000	1875	150	BB&T
Subtotal				2130000		1090000	9125		

John Kakatsch Revocable Real Estate Trust

5421-5425 Estero Blvd FMB	2	125000	300000	425000		425000	2400	200	
239-243 Dakota FMB	2	150000	250000	400000		400000	1900	200	
5431 Oak Ridge FMB	1	150000	150000	300000	150000	150000	1000	200	
236 Fairweather	4	225000	150000	375000		375000	2850	300	
1913 SE15th Place Cape Coral	1	150000	10000	160000	95000	55000	1100	150	C-1 Bank
4512-4514 28th SW Lehigh	2	150000	14000	164000	64000	100000	1500	100	C-1 Bank
3810 Lora St FM	8	350000	100000	500000	265000	235000	4500	2100	Central Bank
Subtotal				2324000		1740000	15250		

Miscellaneous

71 Notquyta Rd. Murphy NC secondary home				310000					
117 Trail Blazer Murphy rental	1	200000	50000	250000	198000	42000	1800		United Communit
Undeveloped lots Murphy, NC	2		40000	40000					
Undeveloped lots. Labelle. FL	8		80000	80000					
Subtotal				680000					

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ASSETS

Insurance John	Hancock Long Term Care	109500
	Phoenix	170000
	Transamerica	100000
	American General	100000

Insurance Jean	Hancock Long Term Care	109500
	Banner	100000
	Met Life	250000

Investment accounts UBS	300000
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Miscellaneous

household furnishings	100000
golf cart	3000
2004 26' Pro Line boat	40000
2 small sailboats	2000
inflatable with motor	3000
1999 Jeep	12000
1986 Mercedes 580 SL	20000
2003 Corvette	30000
2013 Mercedes Wagon	37000
2015 GLA 250	leased
2015 GLA 250	leased
Subtotal	1486000

Monthly income

John	Social security	2357
	UBS	2000

Jean	Social Security	1012
	NJ Teacher's Pension	2152

Rental Property	7000
	14521 net

Total net worth	7491000
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Address: 1364 Shadow Lane, Fort Myers FL 33901

John DOB 10/12/1938

Jean DOB 9/6/1939

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 AMNESTY INTERNATIONAL	Mrs. John Kakatsch 1364 Shadow Ln. Fort Myers, FL 33901
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★ OFFICIAL ★
★ ELECTION MAIL ★
★ Authorized by the U.S. Postal Service ★
★ ® ★

TAMPA FL 335
SAINT PETERSBURG FL 337
FORT MYERS FL 339



SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS FL 33902-2545

