

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:  
Kokatsch, John Lawrence

MAILING ADDRESS:  
1364 Shadow La

CITY: Ft. Myers, Fla 33901  
ZIP: COUNTY: Lee

NAME OF AGENCY: Ft. Myers

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Econ Develop, Code,

Charman, officer

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

✓  
PM 6/7

08-06-16 AM 08:40

\*\*\*\* **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, 2015 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
K & E Rentals	Lee, Co	Rental Property
Social Security	Wash, DC	Retired
UBS	Bonita	Stock

**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
Better Food Farm	crow veg	Alico Rd.	Hydro - Farm

**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 list

**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

VBS

stocks

**PART E — LIABILITIES** [Major debts - See instructions]

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

Banks

Mortg -

Midwest Bank

C-1 Bank

Bank

Sanibel Capital Bank

**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

**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:**

Signature:

*[Handwritten Signature]*

Date Signed:

*6/6/16*

**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 file a copy of his or her 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.

**Facsimiles will not be accepted.**

**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 page 3 of instructions.

**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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

**JOHN AND JEAN KAKATSCH FINANCIAL STATEMENT**

**2016**

**Kakatsch Family Limited Partnership #2**

Property Address	Units	House Val	Lot Val	Total	Mortgage	Net Value	Monthly Income gross	Bank
100-104 Jefferson FMB	2	150000	150000	300000	0	30000	1869	NA
110-120 Jefferson FMB	2	125000	185000	310000	0	310000	1949	NA
240-244 Dakota FMB	2	164000	236000	400000	0	400000	2000	NA
260 Fairweather FMB	1	150000	150000	300000	0	300000	1200	NA
267-69-71 Fairweather FMB	3	175000	300000	475000	0	475000	3249	NA
17th St FMB	2	233000	117000	350000			2050	Chase
7330 Estero Blvd 205 B FMB	1	310000	NA	310000	0	310000	varies	NA
5474 Oak Ridge Ave FMB	2	209000	241000	450000	200000	250000	2650	MidWestOne
<b>Subtotal</b>				<b>2895000</b>	<b>200000</b>			

**Jean Kakatsch Revocable Real Estate Trust**

5024-5026 2high	2	214000	41000	255000			1748	Wells Fargo
1364 Shadow Lane FM Primary	1	280000	290000	550000	273000	277000	NA	FineMark
903-905 SE 24 Ave Cape Coral	2	150000	50000	200000	70000	130000	1500	C-1 Bank
217-1219 Dakota FMB	2	172000	223000	425000	216000	177000	1249	Chase
5441-5451 Ave FMB	2	180000	220000	400000	156000	244000	1900	Sanibel Captiva
128A-128B Jefferson FMB	2	200000	100000	300000	98000	202000	1949	BB&T
<b>Subtotal</b>				<b>2130000</b>	<b>813000</b>			

**John Kakatsch Revocable Real Estate Trust**

5421-5425 Estero Blvd FMB	2	125000	300000	425000	0	425000	2498	NA
239-243 Dakota FMB	2	150000	250000	400000	0	400000	1900	NA
5431 Oak Ridge FMB	1	150000	150000	300000	150000	150000	1000	Sanibel Captiva
236 Fairweather	4	225000	150000	375000		375000	2950	NA
1913 SE 15th Place Cape Coral	1	150000	25000	175000	95000	80000	1299	C-1 Bank
4512-4514 28th St SW Lehigh	2	180000	14000	174000	64000	110000	1799	C1 Bank
17th St FM	8	450000	10000	550000	285000	265000	4550	Central Bank
<b>Subtotal</b>				<b>2399000</b>	<b>594000</b>			

**Miscellaneous**

71 Notquyta Rd Murphy NC secondary home				340000		340000		NA
117 Trallblazer Rd. Murphy, NC rent	1	200000	50000	250000	187000	63000	1800	United Community
Undeveloped lots Murphy NC	2		40000	40000		40000		NA
Undeveloped lots Labelle FL	8		80000	80000		80000		NA
				<b>710000</b>	<b>187000</b>		<b>41109</b>	
				<b>8134000</b>	<b>1794000</b>			

**ASSETS**

<b>Insurance John</b>	Hancock Long Term	109500
	Transamerica	100000
	American General	100000

<b>Insurance Jean</b>	Hancock Long Term Care	109500
	Banner Life	100000
	Met Life	250000

<b>Investment Account</b>	UBS	200000
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**Miscellaneous**

Household furnishings	4 dwellings	100000
Golf cart		3000
2004 26' Pro Line boat		40000
2 small sailboats		2000
inflatable with motor		3000
1999 Jeep		12000
2003 Corvette		30000
1986 Mercedes 560 SL		20000
2013 Mercedes Wagon		37000
2015 Mercedes GLA 250	leased	
2015 Mercedes GLA	leased	
<b>Subtotal</b>		<b>1216000</b>

**Monthly Income**

<b>John</b>	Social security	2357
	UBS Account	2000

<b>Jean</b>	Social Security	1012
	NJ Teacher's Pension	2152

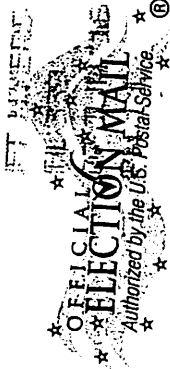
<b>Rental Property</b>	5000
<b>Subtotal</b>	<b>10621</b>

<b>Total Net Worth</b>	<b>7556000</b>
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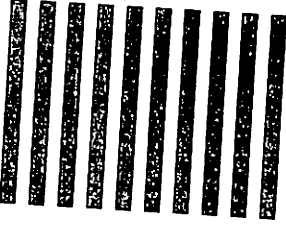
Address: 1364 Shadow Lane, Fort Myers, FL 33901

John DOB 10/12/1938

Jean DOB 9/6/1939



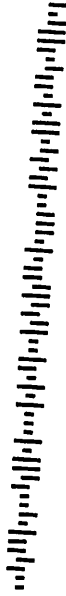
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**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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