FORM 1	STATEM	ENT OF	1	2016		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	FOR	OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDE	Α		.i.			
MAILING ADDRESS:	(- X					
<i>A A I</i>	IT STORE RD N		22 x 2. 2 12 12 12 12 12 12 12 12 12 12 12 12 1	White same and the		
Cape Coral	33993 Lee			VEIN		
City of Cape Coral						
NAME OF AGENCY: CITY COUNCI NAME OF OFFICE OR POSITION H	1 District 6 ELD OR SOUGHT:		JUL - 3	2017 840		
V	**************************************	Lee	rvisor of County,	Elections Florida		
You are not limited to the space on the CHECK ONLY IF A CANDIDATE	lines on this form. Attach additional she OR NEW EMPLOYEE OR	B	- Conrey,	·		
	H PARTS OF THIS SECT	TION <u>MUST</u> BE COM	LETED *	The state of the s		
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, 2016 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):						
l -	NE YOU ARE USING (must check PERCENTAGE) THRESHOLDS		VALUE TH	RESHOLDS		
PART A PRIMARY SOURCES OF	INCOME [Major sources of income to	the reporting person - See instruc	tionsi			
	eport, write "none" or "nla")					
NAME OF SOURCE OF INCOME	1	URCE'S DRESS		TION OF THE SOURCE'S AL BUSINESS ACTIVITY		
Hartz Mountai	N 400 PlazA DR.	Seceaus, NJ M	F645ale	s of Pet Supplies		
Principal Life	P.O.Box 4926, Gr		etirem	ent Pension		
		NE 68802		-		
PART B SECONDARY SOURCES	OF MCOME		and the state of the state of the			
[Major customers, clients	and other sources of income to busine report, write "none" or "n/a")	esses owned by the reporting person	n - See instrud	ctions		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NIA		·		·		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the second s		
PART C - REAL PROPERTY [Land (If you have nothing to re	buildings owned by the reporting perso port, write "none" or "n/a")	on - See instructions]		TRUCTIONS 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.				
			begin on p	age 3.		

P	ART D	- INTANGIBLE PERSONAL PROPERTY	[Stocks, bonds, certificates	of deposit, etc See ins	tructions]	
		(If you have nothing to report, write " TYPE OF INTANGIBLE		BUSINESS ENTITY, TO V	VHICH THE PROPERTY RELATES	
C	D's	+ Money mkT's	FIFTH ThiRD	Bank+Secur	atres.	
0	015 4	-Money-mkT's	Fiselity 2	Sovestmen	-	
P	ART E-	LIABILITIES [Major debts - See instruc-				
			none or may	4.00000		
		NAME OF CREDITOR	0. 0 146		SS OF CREDITOR	
1	ALIC	BER (HOMECOAN)	14.0' ROX 914	1063 Dallas	1x 75261	
-36-6	ukitar 1.k.	ا من العامل المنظمة الم	and take the common of the last time of an had to	months and the second of the second	THE RELEASE SELECTION OF THE SECOND SECTION OF THE SECOND	
P	ART F -	INTERESTS IN SPECIFIED BUSINESSE (If you have nothing to report, write "n		s in certain types of bu	sinesses - See instructions]	
			BUSINES	S ENTITY#1	BUSINESS ENTITY #2	
		BUSINESS ENTITY	NA			
		OF BUSINESS ENTITY				
-		BUSINESS ACTIVITY				
-		HELD WITH ENTITY RE THAN A 5% INTEREST IN THE BUSIN	FSS			
		OF MY OWNERSHIP INTEREST	1200			
200	10 8 - to	21 64 m 1 141 m		PASSER FRANCE CONTRACT	the state of the s	
		TRAINING and municipal officers required to complete	e annual ethics training pur	suant to section 112,314	2, F.S.	
t adopti				_	UIRED TRAINING.	
	Carte and A		P	15 24 25 2		
	IF /	NY OF PARTS A THROUGH G	ARE CONTINUED OF	A SEPARATE SHI	ET, PLEASE CHECK HERE	
	SIGNATURE OF FILER:		LER:	CPA or ATTORNEY SIGNATURE ONLY		
Signatura:			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			
a		7 7)			the Florida Bar prepared this form for you, he or	
	1			in good standing with she must complete the	the Florida Bar prepared this form for you, he or a following statement: prepared the CE	
		Man		in good standing with she must complete the l, Form 1 in accordance instructions to the form	the Florida Bar prepared this form for you, he or a following statement: prepared the CE with Section 112.3145, Florida Statutes, and the control of the co	
	 Date S	Man		in good standing with she must complete the l, Form 1 in accordance	the Florida Bar prepared this form for you, he or a following statement: prepared the CE with Section 112.3145, Florida Statutes, and the control of the co	
	– Date S	Signed: 5/7/17		in good standing with she must complete the l, Form 1 in accordance instructions to the form	the Florida Bar prepared this form for you, he or a following statement: prepared the CE with Section 112.3145, Florida Statutes, and the Lupon my reasonable knowledge and belief, the seand correct.	
	– Date S	Man	-	in good standing with she must complete the l, Form 1 in accordance instructions to the form disclosure herein is the CPA/Attorney Signatur Date Signed:	the Florida Bar prepared this form for you, he or e following statement:	
	Date S	Man	FILING INSTR	in good standing with she must complete the I, Form 1 in accordance instructions to the form disclosure herein is tru CPA/Attorney Signatur Date Signed:	the Florida Bar prepared this form for you, he or a following statement: prepared the CE with Section 112.3145, Florida Statutes, and the Lupon my reasonable knowledge and belief, the seand correct.	
	. 	Man	WHERE TO FILE:	in good standing with she must complete the l, Form 1 in accordance instructions to the form disclosure herein is tru CPA/Attorney Signatur Date Signed:	the Florida Bar prepared this form for you, he or e following statement:	
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V	WHAT After con	Signed: 5/7/17	WHERE TO FILE: If you were mailed the form Ethics or a County Suryour annual disclosure fill	in good standing with she must complete the l, Form 1 in accordance instructions to the form disclosure herein is true. CPA/Attorney Signature. Date Signed: TUCTIONS:	the Florida Bar prepared this form for you, he or a following statement:	
VASS	WHAT After com	TO FILE: spleting all parts of this form, including and dating it, send back only the first iges 1 and 2) for filing.	WHERE TO FILE: If you were mailed the for on Ethics or a County Suryour annual disclosure fill that location.	in good standing with she must complete the life in structions to the form disclosure herein is the CPA/Attorney Signature Date Signed: TUCTIONS: The by the Commission pervisor of Elections for ing, return the form to	the Florida Bar prepared this form for you, he or a following statement: prepared the CE with Section 112.3145, Florida Statutes, and the Lupon my reasonable knowledge and belief, the se and correct. 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	
V	WHAT After com signing : sheet (pa	TO FILE: upleting all parts of this form, including and dating it, send back only the first	WHERE TO FILE: If you were mailed the for on Ethics or a County Suryour annual disclosure fill that location. Local officers/employ Supervisor of Elections of the supervisor of Election	in good standing with she must complete the l, Form 1 in accordance instructions to the form disclosure herein is true. CPA/Attorney Signature. Date Signed: TUCTIONS: The by the Commission pervisor of Elections for ing, return the form to the county in which they	the Florida Bar prepared this form for you, he or a following statement: prepared the CE with Section 112.3145, Florida Statutes, and the Lupon my reasonable knowledge and belief, the reand correct. 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	
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V A S S III S M M A C C	WHAT After come igning a sheet (parties of you he section, when the important is a candidate of the important is a candidate	TO FILE: Inpleting all parts of this form, including and dating it, send back only the first ages 1 and 2) for filling. In ave nothing to report in a particular write "none" or "n/a" in that section(s). In FILING UNNECESSARY: In the data of the with the Commission wisor of Elections.	WHERE TO FILE: If you were mailed the for on Ethics or a County Suryour annual disclosure fill that location. Local officers/employ Supervisor of Elections of the permanently reside. (If your reside in Florida, file with county where your agency State officers or specifile with the Commission of 15709, Tallahassee, FL address: 325 John Knox F.	in good standing with she must complete the l, Form 1 in accordance instructions to the form disclosure herein is true. CPA/Attorney Signature. Date Signed: **TUCTIONS:** The by the Commission pervisor of Elections for ing, return the form to the county in which they be do not permanently the Supervisor of the has its headquarters.) Fied state employees on Ethics, P.O. Drawer 32317-5709; physical Road, Building E, Suite	the Florida Bar prepared this form for you, he or a following statement:	
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To determine what category your position falls under, see page 3 of instructions.