FORM 1	STATEMENT OF			2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS		5	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	1 1000000000000000000000000000000000000			ಸ	
Keim Janis Elleen				3	
MAILING ADDRESS: 3820 SE. 7th AVY				8	
			1	20MAY28M0916	
CITY: COUNTY:				68	
CITY OF CARPE COVAL				- 111	
NAME OF AGENCY:			/	Lee Co FI	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				T	
NAME OF OFFICE OR POSITION RELI	OR SOUGHT.				
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE					
**** THIS SECTION MUST BE COMPLETED ****					
DISCLOSURE PERIOD:	ID EINANCIAL INTEDESTS E		סואוס סר	OFMPED 24, 2040	
THIS STATEMENT REFLECTS YOU			DING DE	CEMBER 31, 2019.	
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US			DOLL M	B VALUES WHICH BEOLUBES	
FEWER CALCULATIONS, OR USIN	G COMPARATIVE THRESHO	LDS, WHICH ARE USUAL	LY BASE		
(see instructions for further details).					
	RCENTAGE) THRESHOLDS			JE THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to report		the reporting person - See ins	tructions]		
NAME OF SOURCE OF INCOME	1 I I I I I I I I I I I I I I I I I I I	SOURCE'S		DESCRIPTION OF THE SOURCE'S	
CHYOT CAPE CORN		R.O. Box 150627 Capelland. 33915-0027		PRINCIPAL BUSINESS ACTIVITY	
Cape bord Constitution todas				Nant Thre of aber/morehing aream	
Copero	1 1011 100 11 31	Tott re II al Ste Catalog 33 Ho		Jan	
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to business	sses owned by the reporting pe	rson - See	e instructions]	
St.	NAME OF MAJOR SOURCES	ADDRESS		. PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
Company of the last of the	40 (6.8	Walter to the second			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional		
3820 S.E. 70 Ave Primary time			sheets, if necessary. FILING INSTRUCTIONS for when		
4005 PolmTile Blod #400 Cordo Mental			and where to file this form are located at the bottom of page 2.		
3 VACONT OUTSIP PONT CHAN HER (Kennibunth, Grandment Year Ave.			INSTRUCTIONS on who must file		
				orm and how to fill it out	

				
(If you have nothing to report, write "non				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
STOCKS Solve from with	Edward Iones			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	•			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Wells fango mongen ir Primary	P.O. BOX 14411 Des Moines IN 50306. 3411			
ARUST CENTRAL MINITERS (COND.)	801 Jula Barrow Sure 1 Limenous AR 72205			
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 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 and	nnual ethics training pursuant to section 112.3142, F.S. HAVE COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILE	R: 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:			
Date Signed:	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:			
5-22-2020	Date Signed:			
FILING INSTRUCTIONS:				
1				

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. 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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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, 2019.

12011AY28440916 SDE Lee (oF)

BUSINESS REPLY MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888



第 3 HI WATERS

S. RAY NO

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

