FORM 1	STATEM	STATEMENT OF 2016		2016			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR O	FFICE USE ONLY:			
LAST NAME FIRST NAME MIDDLI Kirkwood Way		obert					
MAILING ADDRESS : 1503 SW 58th Lane				<u> </u>			
OUT	7ID . COUNTY .						
CITY: Cape Coral	ZIP: COUNTY: 33914 Lee			Ď Opireř			
NAME OF AGENCY: Lee Board of Adjustment Appe NAME OF OFFICE OR POSITION HEL		ment Authority		17JULOGAMOB47SDE			
Board Member				E Lee Co H			
You are not limited to the space on the lin CHECK ONLY IF	nes on this form. Attach additional she	10.0.71	3	(o) T			
**** 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, 2016 OR 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):  COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		the reporting person - See instr	uctions]				
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Kirkwood Electric, Inc.	P.O. Box 152000, Ca	ape Coral, FL 33915	5 Electrical Contractor				
	DF INCOME and other sources of income to busine port, write "none" or "n/a")	, , ,					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE					
Kirkwood Enterprises	Kirkwood Electric, Inc.	PO Box 152000, Cape 0	0, Cape Coral, Fl Rental Property				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")		on - See instructions]		RUCTIONS for when			
None			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 (St	ocks, bonds, certificates of	of deposit, etc See ins	tructions			
(If you have nothing to report, write "non	ne" or "n/a")	•	•			
TYPE OF INTANGIBLE IRA	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES  Charles Schwab Account					
IIVA	Charles Schwad Account					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
iBeriaBank	812 Del Prado Blvd South, Cape Coral, FL 33990					
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	Kirkwood Electric, Inc.		Kirkwood Enterprises			
ADDRESS OF BUSINESS ENTITY	PO Box 152000, Cape Coral, FL 3391		PO Box 152000, Cape Coral, FL 3391			
PRINCIPAL BUSINESS ACTIVITY	Electrical Contractor		Commercial Proper Management			
POSITION HELD WITH ENTITY	Owner		Owner			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		Yes			
NATURE OF MY OWNERSHIP INTEREST	Family Business / Corporate Stock		Personal DBA			
PART G — TRAINING						
For elected municipal officers required to complete an	٠.		•			
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:		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:				
		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.				
Date Signed:						
June 30, 2017		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, write "none" or "n/a" in that section(s).

# NOTE:

#### 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.

#### 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, 2016.

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





NO POSTAGE NECESSARY IF MAILED IN THE INJITED STATES