FORM 1		STATEMENT OF		2019	
Please print or type your name, mailing address, agency name, and position be		FINANCIAI	INTEREST:	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME M Kirkwood W	IDDLE N ayne	AME : Robert			
MAILING ADDRESS: 1503 SW 58th Lane					
CITY : Cape Coral		zip: county: 914 Lee			
NAME OF AGENCY: Lee Board of Adjustment A NAME OF OFFICE OR POSITION			lopment Athy		
Board Member	THELD	JN SOUGHT.			
CHECK ONLY IF   CANDIDA	TE OF	NEW EMPLOYEE O	R APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS		THIS SECTION MU FINANCIAL INTERESTS F			CEMBER 31, 2019.
MANNER OF CALCULATINFILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR (see instructions for further details)  COMPARATIVE	F USING USING ails). Cl	G REPORTING THRESHO COMPARATIVE THRESHO	LDS THAT ARE ABSOLUTI DLDS, WHICH ARE USUAL USING (must check one)	LY BASE	
PART A PRIMARY SOURCES O (If you have nothing to			the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Kirkwood Electric, Inc.		PO Box 152000, Cape Coral, FL 33915		Electrical Contractor	
PART B - SECONDARY SOURCE [Major customers, client (If you have nothing to	ts, and ot	her sources of income to busine	esses owned by the reporting po	erson - See	instructions]
NAME OF BUSINESS ENTITY		AME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Kirkwood Enterprises	Kirkw	vood Electric, Inc. PO Box 152000, Cap		e Coral	Rental Property
PART C REAL PROPERTY [Lan (If you have nothing to 1306 SE 10th Street, 1004 S	report, w	•	lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
1018 SE 12th Court, 1022 S	SE 12tl	Court	FILING INSTRUCTIONS for when and where to file this form are		
all in Cape Coral, FL 339	90		Instructions on who must file this form and how to fill it out begin on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor TYPE OF INTANGIBLE	ne" or "n/a")					
Brokerage Account - Stocks, Bonds	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES  Charles Schwab Account					
Money Market & Checking Accounts	Iberia Bank					
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 (If you have nothing to report, write "none"			inesses - See instructions]  BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	DO D. 152000 C	C LEL 2	DO Deve 152000 Come Corol El 3			
ADDRESS OF BUSINESS ENTITY	PO Box 152000, Cape Coral, FL 3					
PRINCIPAL BUSINESS ACTIVITY	Electrical Contractor		Commercial Property Management			
POSITION HELD WITH ENTITY	Owner		Owner			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			Yes			
NATURE OF MY OWNERSHIP INTEREST	Family Business/Corporate Stock		Personal DBA			
PART G — TRAINING For elected municipal officers required to complete an	HAVE COMPLET	TED THE REQU	JIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
Signature:  Date Signed:  June 26, 2020	If ir si I, ir d	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:				
	vate Signed:					

## **FILING INSTRUCTIONS:**

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 filling 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.