# FORM 1F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2019

FINANCIAL INTERESTS					
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME — FIRST NAME — MIDD	NAME OF REPORTING PERSON'S AGENCY:				
KRAMER LINI	DA C.				
MAILING ADDRESS:	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
150 to Shell Point Dowledded		LOCAL OFFICER  STATE OFFICER			
Fort Muels 33908 Lee_		LIST OFFICE OR POSITION HELD:			
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION HELD:			
****BOTH PARTS OF THIS SECTION MUST BE COMPLETED***  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2019 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS					
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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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 SOURCE OF INCOME ADDRI					
Cichiant					
11 Poloto	ae Chioco				
Social Securi	ty				
			<u> </u>		
PART B - SECONDARY SOURCES OF INCOME  [Major customers, clients, and other sources of income to businesses owned by 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	
1011					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			and v	G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.	
NH -	INSTRUCTIONS on who must file this form and how to fill it out				
begin on page 3 of this packet.					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds (If you have nothing to report, write "none" or "n/a")	s, certificates of deposit, etc See instructions]				
, TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Stocks bonds Non	e_				
/ /					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
$\Lambda \setminus \Delta$					
107)					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownershing to report, write "none" or "n/a")  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	p or positions in certain types of businesses - See instructions]  SINESS ENTITY # 1  BUSINESS ENTITY # 2				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILER: Signature:  Date Signed:  11 Sept. 2019	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,				

#### WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

## WHERE TO FILE:

Local officers 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

### **FILING INSTRUCTIONS:**

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) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

#### NOTE:

If you are leaving office or employment during the first half of 2019, you may not have filed Form 1 for 2018. In that case, this is not the last form you will file. Form 1F covers January 1, 2019, through your last day of office or employment. You will be required to file Form 1 for 2018 by July 1, 2019, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

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BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

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

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