

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2016

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Kurlander, Lawrence T.

MAILING ADDRESS :

*4851 Bonita Bay Blvd.
Unit 1403*

CITY :

ZIP :

COUNTY :

Bonita Springs 34134 Lee

NAME OF AGENCY :

City of Bonita Springs Zoning Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Member of Board

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** **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

SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2015

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 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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>See Attached Schedule</i>		

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the 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
<i>None</i>			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

<i>None</i>

FILING INSTRUCTIONS 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.

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<i>See Attached Schedule</i>	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>None</i>	

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	<i>Compass RE Fund III</i>	
ADDRESS OF BUSINESS ENTITY	<i>1415 Old Alabama Rd, Roswell GA</i>	
PRINCIPAL BUSINESS ACTIVITY	<i>Real Estate Investment</i>	
POSITION HELD WITH ENTITY	<i>Investor</i>	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>No</i>	
NATURE OF MY OWNERSHIP INTEREST	<i>Investor</i>	

PART G — TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

Signature: *Lawrence T. Kurlander*

Date Signed: *2/22/17*

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, *Anthony J. Viola, CPA*, 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: *[Signature]*

Date Signed: *2/22/17*

FILING INSTRUCTIONS:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p>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.</p> <p>Facsimiles will not be accepted.</p>	<p>WHERE TO FILE:</p> <p>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.</p> <p>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.)</p> <p>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.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>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.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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, 2016.</p>
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LAWRENCE T. KURLANDER
VARIOUS SCHEDULES FOR "STATEMENT OF FINANCIAL INTERESTS"
USING INFORMATION FROM THE 2015 TAX RETURN (THE MOST RECENT COMPLETED TAX RETURN)

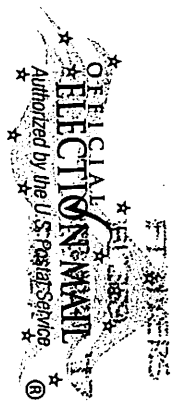
PRIMARY SOURCES OF INCOME

<u>NAME OF SOURCE OF INCOME</u>	<u>SOURCE'S ADDRESS</u>	<u>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</u>
KRAFT FOODS	C/O FIDELITY INVESTMENTS, 100 MAGELLAN WAY, COVINGTON, KY 41015	DEFERRED COMP FROM PRIOR EMPLOYMENT
AMERICAN EXPRESS	C/O WELLS FARGO, ONE WEST FOURTH ST, WINSTON-SALEM, NC 27101	DEFERRED COMP FROM PRIOR EMPLOYMENT
NEWMONT PENSION	555 17TH STREET, DENVER, CO 80202	PENSION BENEFITS
NYS EMPLOYEES RETIREMENT	110 STATE STREET, ALBANY, NY 12244	PENSION BENEFITS
PERSHING LLC	ONE PERSHING PLAZA, JERSEY CITY, NJ 07399	IRA DISTRIBUTIONS
AMERICAN EXPRESS	733 MARQUETTE AVE., MINNEAPOLIS, MN 33479	PENSION BENEFITS
TD AMERITRADE	P.O. BOX 2209, OMAHA, NE 68103	IRA DISTRIBUTIONS
BANKSOUTH	6340 LAKE OCONEE PKWY., GREENSBORO, GA 30642	INTEREST INCOME
PERSHING ADVISOR SOLUTIONS	ONE PERSHING PLAZA, JERSEY CITY, NJ 07399	INVESTMENT INCOME
MORGAN CREEK	P.O. BOX 5493, BOSTON, MA 02206	INVESTMENT INCOME
ENERGY ASSOCIATES INC.	152 EAST REYNOLDS ROAD, LEXINGTON, KY 40517	BUSINESS INCOME
GMAG DIVERSIFIED OPPTY FUND	400 BROADHOLLOW ROAD, MELVILLE, NY 11747	INVESTMENT INCOME
COMPASS REAL ESTATE FUND III	1455 OLD ALABAMA ROAD, ROSWELL, GA 30076	BUSINESS INCOME - FULL FINANCIAL STATEMENT ENCLOSED
SOCIAL SECURITY	N/A	SOCIAL SECURITY BENEFITS
SKYBRIDGE MULTI-ADVISOR HEDGE FUND	C/O BNY MELLON, P.O. BOX 9861, PROVIDENCE, RI 02940	INVESTMENT INCOME

INTANGIBLE PERSONAL PROPERTY

<u>TYPE OF INTANGIBLE</u>	<u>ADDRESS</u>	<u>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</u>
MARKETABLE SECURITIES	3050 PEACHTREE ROAD, NW, ATLANTA, GA 30305	ATLANTA CONSULTING GROUP

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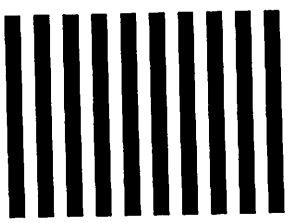


BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Tammy Lipa