FINAL STATEMENT OF

FORM 1F 2018 FINANCIAL INTERESTS (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT) NAME OF REPORTING PERSON'S AGENCY: LAST NAME - FIRST NAME - MIDDLE NAME: 20#0845 SUE CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3) LOCAL OFFICER □ STATE OFFICER [G 99] SPECIFIED STATE EMPLOYEE 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, 2018 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS , 2018. (Date must be prior to 12/31/18) MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLL'AR 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 DOLLAR VALUE THRESHOLDS **OR** B Ä 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'S **DESCRIPTION OF THE SOURCE'S** OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 2955 Colonia 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 NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] FILING INSTRUCTIONS for when (If you have nothing to report, write "none" or "n/a") 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 of this packet.

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none	0000KS. DOI or "n/a")	ias, (ennicates	or deposit, etc See	e instructions)		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
NA							
//							
PART E — LIABILITIES [Major debts · See instruction	201						
(If you have nothing to report, write "none	e" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR						
USBANK	POBOX	12	0415	1 St Louis	s, Mo	63179-0415	
ALLY			7234,	Phoenix,	AZ	85062 -8254	
				•		•	
PART F - INTERESTS IN SPECIFIED BUSINESS	=	ship (or position	s in certain types of b	usinesses - See	e instructions]	
(If you have nothing to report, write "none	*	NSU	IESS ENT	TITY#1	1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY			1				
ADDRESS OF BUSINESS ENTITY		$T_{\rm I}$	٨				
PRINCIPAL BUSINESS ACTIVITY		4	1				
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST				····			
IF ANY OF PARTS A THROUGH F ARI	E CONTIN	UE	ON A	SEPARATE SHE	ET, PLEASE	CHECK HERE	
SIGNATURE OF FILE	R:			CPA or ATT	DRNEY SI	GNATURE 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:			
12012				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:			J	CPA/Attorney Signature			
7.11.18				Date Signed			
					·		
FILING INSTRUCTIONS:							

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

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 2018, you may not have filed Form 1 for 2017. In that case, this is not the last form you will file. Form 1F covers January 1, 2018, through your last day of office or employment. You will be required to file Form 1 for 2017 by July 1, 2018, 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.

Let's Go Mountaineers

David P LaRosa
6867-52 Pentland Way
Fort Myers, FL 33966

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SUPERVISOR OF ELECTIONS P.O. Box 2545 Fort Myers, FL 33902

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