FORM 1	STATEM	IENT OF		2020	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	er.				
LARNCHER JESSE	JRUEWER				
MAILING ADDRESS ;	· · · · · · · · · · · · · · · · · · ·				
12151 Coyle Rd.					
Ft. Myers FL 3	3905 LEE				
CITY: LEE County	ZIP: COUNTY:				
NAME OF AGENCY: Director of LEE	Carate Packs and	Recreption			
NAME OF OFFICE OR POSITION HEL		/ · ECKEMINO			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE			
	*** THIS SECTION MUS	ST BE COMPLETED	****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	OR CALENDAR YEAR ENDI	NG DE	CEMBER 31, 2020.	
MANNER OF CALCULATING F	REPORTABLE INTERESTS:				
FILERS HAVE THE OPTION OF US			OOLLAF	R VALUES, WHICH REQUIRES	
FEWER CALCULATIONS, OR USI			Y BASE	D ON PERCENTAGE VALUES	
(see instructions for further details).	CHECK THE ONE YOU ARE	JSING (must check one):			
COMPARATIVE (PI	ERCENTAGE) THRESHOLDS	OR DOLLA	R VALU	IE THRESHOLDS	
PART A PRIMARY SOURCES OF IN-	COME [Major sources of income to	the reporting person - See instru	ictions]		
(a you have nothing to repo	•				
NAME OF SOURCE OF INCOME	AD	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Les County B.O.C.C. P.O. Box 398 Ft. Myers FL33902					
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busine	sses owned by the reporting pers	son - See	instructions]	
, ,	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
NAME OF BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
N/A					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] [If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.		
N/A				•	
*				FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
			INSTR	UCTIONS on who must file	
				orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	cks, bonds, certificates	of deposit, etc See ins	tructions]			
(If you have nothing to report, write "none TYPE OF INTANGIBLE	e" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
FRS	PËRSONR					
			A CONTRACT OF THE CONTRACT OF			
PART E — LIABILITIES [Major debts - See instructions (if you have nothing to report, write "none	:] e" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
N/A						
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none" NAME OF BUSINESS ENTITY	or "n/a")	s in certain types of bus S ENTITY # 1	inesses - See instructions] BUSINESS ENTITY # 2			
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						
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to c	complete annual ethics	training pursuant to section	on 112.3142, F.S.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE OF FILE	III—	ORNEY 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:				
June Dal		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:		CPA/Attorney Signature:				
		Date 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, 2020.