FORM 1		STATEMENT OF				2016		
Please print or type your name, mailing address, agency name, and position belo	ow:	FINAN	CIAL	INTERE	ESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIL Lawson	odle N. Steven		М	ark		<del></del>		
MAILING ADDRESS : 3517 Crosswater Drive							178	
		-					다. 유유	
CITY: North Fort Myers	FL	ZIP :	COUNTY:					
NAME OF AGENCY: Myakka Ranch Community Development District							350E1	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:  Supervisor .							17AUG28#10853 SOE Lee (o F1	
You are not limited to the space on the CHECK ONLY IF   CANDIDAT		_		ets, if necessary.	V		Ξ	
**** BO DISCLOSURE PERIOD:	<u>TH</u> P/	ARTS OF TH	IIS SECT	TION <u>MUST</u> E	BE COM	MPLET	ED ****	
THIS STATEMENT REFLECTS Y YEAR OR ON A FISCAL YEAR. EITHER (must check one):								
DECEMBER 31, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:								
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 O (If you have nothing to				the reporting person	- See inst	ructions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Windham Development Group	, LLC.	1821 Victoria Ave St 2 Fort Myers, 33901			1	Real Estate Development		
-			-					
	<u> </u>							
PART B SECONDARY SOURCE [Major customers, client	s, and o	her sources of inco		sses owned by the re	eporting pe	rson - See	instructions]	
(If you have nothing to	•		•					
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES ADDRES OF BUSINESS' INCOME OF SOUR				PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A								
N/A								
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")					FILING INSTRUCTIONS for when and where to file this form are			
Lakepark Estates- Approximately 1000 Acres Off Fruitville Road East of I-75 in					1		d at the bottom of page 2. UCTIONS on who must file	
(continued) Sarasota Parcel ID# 0225-00-1000, 0541-01-0001, 0543-01-0010 and						this fo	orm and how to fill it out on page 3.	
0537-01-0001								

PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no	tocks, bonds, certificates one" or "n/a")	of deposit, etc See ins	structions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A					
N/A					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "not					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
N/A					
N/A					
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none		ENTITY # 1	inesses - See instructions]  BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY	1821 Victoria Ave S	<del></del>	· · · · · · · · · · · · · · · · · · ·		
PRINCIPAL BUSINESS ACTIVITY	Real Estate Develop	pment			
POSITION HELD WITH ENTITY	President				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes				
NATURE OF MY OWNERSHIP INTEREST	Member in LLC				
PART G — TRAINING For elected municipal officers required to complete an			, f.s. UIRED TRAINING.		
IF ANY OF PARTS A THROUGH G AR	E CONTINUED ON A	A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILE	ER:	CPA or ATTORNEY 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:  I,			
Date Signed: 8-22-17	(				
	FILING INSTRU	CTIONS:			
	HERE TO FILE:		WHEN TO FILE:		
	ou were mailed the form l Ethics or a County Superv		Initially, each local officer/employee, state officer, and specified state employee must file within		

sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

## 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.

Facsimiles will not be accepted.

your annual disclosure filing, return the form to that location.

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.)

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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

Magnolia LANDING

(3501 Avenida Del Vera Næth Fort Myers, FL 33917

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J.S. POSTAGE \$3.35

Lee County Elections 2480 Thompson St Eart Mycrs, FL 33901

CERTIFIED

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