FORM 1	STATE	MENT OF	2016			
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:			
LAST NAME - FIRST NAME - MI Le Master, So MAILINGADDRESS:	ott Randolph					
9377 Scarl						
Fort Myers,	2					
Lee Court						
NAME OF AGENCY: Elementary NAME OF OFFICE OR POSITION	, 					
You are not limited to the space on to	ne lines on this form. Attach additional shall be on the NEW EMPLOYEE O					
**** BO	TH PARTS OF THIS SEC	TION MUST BE COM	MPLETED ****			
THIS STATEMENT REFLECTS Y	OUR FINANCIAL INTERESTS FOR PLEASE STATE BELOW WHETHER	THE PRECEDING TAX YEAR THIS STATEMENT IS FOR T	R, WHETHER BASED ON A CALENDAR THE PRECEDING TAX YEAR ENDING			
DECEMBER 31, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:						
CALCULATIONS, OR USING CO	JSING REPORTING THRESHOLDS	H ARE USUALLY BASED ON I	AR VALUES, WHICH REQUIRES FEWER PERCENTAGE VALUES (see instructions			
□ COMPARATIVE	(PERCENTAGE) THRESHOLDS	OR D DOLLA	AR VALUE THRESHOLDS			
	FINCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See instru	ructions]			
NAME OF SOURCE OF INCOME		DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Lee County Sch	10015					
\	Elementary 1711 Gun	nery Rd. North	Elementary School			
		111	Principal "			
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			
PART C REAL PROPERTY [Land	d, buildings owned by the reporting pers	on - See instructions]	FILING INGTOLICE CO.			
0,8463 Strasse P	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
13-41-23 TS1/	INSTRUCTIONS on who must file this form and how to fill it out					
13-41-23 TS9 / 2508. 625 and 222134123 this form and how to fill it out begin on page 3.						
CE FORM 1 - Effective, January 1, 2017 Incorporated by reference in Rule 34-8 202(1), F.A.	(Continued	on roverse side) Property	PAGE 1			

(2) 9377 Scarlette Dak Ave - House

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					
Money Market (2) Savney (1)	Suncos	+ Schools F	rederal Credit Union			
Checking Account (1)			•			
PART E — LIABILITIES [Major debts - See instructions]  (If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Nelnet Loan Service	PO Box 8256/ Lincoln NE 68501/2561					
Quillen Loans	PU BOY 6577 CAROLSTREAM TLL 60197/6577					
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")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY	<del>//</del> /					
PRINCIPAL BUSINESS ACTIVITY	A/A					
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	/ V					
NATURE OF MY OWNERSHIP INTEREST						
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 FILE		CPA or ATTO	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:				
Data Signadi	4	I,				
Date Signed: 6/21/16		CPA/Attorney Signature:				
The state of the s	1271-1	Date Signed:				
FILING INSTRUCTIONS:						

## WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first 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.

### WHERE TO FILE:

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.

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.

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