

**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 :  
**LEVITAN HOWARD J.**

MAILING ADDRESS :  
**20860 PINEHURST GREENS DRIVE**

CITY : ZIP : COUNTY :  
**ESTERO 33928 LEE**

NAME OF AGENCY :  
**VILLAGE OF ESTERO**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**VILLAGE COUNCIL, DISTRICT 2**

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

**RECEIVED**  
 JAN 09 2017  
 BY: *KH 12:01pm*

2016-01-17 09:41

\*\*\*\* **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: \_\_\_\_\_

**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
Rebecca Levitan PA	20860 Pinehurst Greens Dr., Estero, FL 33928	Real Estate Brokerage
Social Security Administration	Washington, DC	SS Pension
Unum Life Insurance Company	1200 Colonial Life Blvd., Columbia SC	Pension
See attached Continuation Sheet		

**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
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")

N/A

**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.

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [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
See Attached Continuation Sheet	

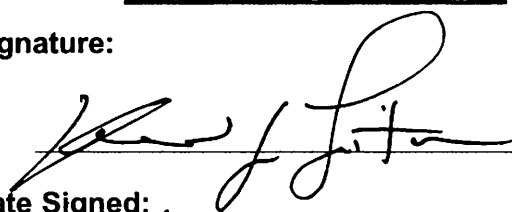
<b>PART E — LIABILITIES</b> [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Regions Bank Line of Credit	1900 Fifth Avenue North, Birmingham, AL 35203
See Attached Continuation Statement	

<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [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	N/A	
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 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

<p><b><u>SIGNATURE OF FILER:</u></b></p> <p>Signature: </p> <p>Date Signed: <u>1/9/2016</u></p>	<p><b><u>CPA or ATTORNEY SIGNATURE ONLY</u></b></p> <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>
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**FILING INSTRUCTIONS:**

<p><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <b>including signing and dating it</b>, 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><b>NOTE:</b> <b>MULTIPLE FILING UNNECESSARY:</b> 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><b><u>Facsimiles will not be accepted.</u></b></p>	<p><b>WHERE TO FILE:</b></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><b>Local officers/employees</b> 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><b>State officers or specified state employees</b> 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><b>Candidates</b> 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><b>WHEN TO FILE:</b></p> <p><b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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. <b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, file by July 1 following each calendar year in which they hold their positions.</p> <p><b>Finally</b>, 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 <b>not</b> 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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23-A1-17-0009-11

**2016 FORM I STATEMENT OF FINANCIAL INTERESTS**

**CONTINUATION STATEMENT**

**FOR**

**HOWARD JAY LEVITAN**

**PART A - PRIMARY SOURCES OF INCOME, cont.**

Village of Estero, 9401 Corkscrew Palms Circle, Estero, FL 33928,  
Salary.

Vanguard Mutual Funds, PO Box 1110, Valley Forge, PA 19482,  
Investment Earnings.

**PART D - INTANGIBLE PERSONAL PROPERTY:**

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH  
THE PROPERTY RELATES:

Cash on Hand: Bank Accounts

Wells Fargo Bank

Investment Management Accounts,  
Including Equities, Bonds, Alternative  
Investment Products, Mutual Funds,  
and Cash:

Vanguard Mutual Funds

**PART E - LIABILITIES:**

NAME OF CREDITOR

ADDRESS OF CREDITOR

Bank of America Auto Loan

150 N. College St., Charlotte, NC  
28255

January 19, 2017

William Ribble  
*District One*

Tammy Lipa  
Administration Support Specialist  
Lee County Supervisor of Elections  
PO Box 2545  
Fort Myers, FL 33902-2545

Howard Levitan  
*Vice Mayor*  
*District Two*

Donald Brown  
*District Three*

Katy Errington  
*District Four*

Dear Ms. Lipa:

Jim Boesch  
*District Five*

Enclosed please find Form 1 Statement of Financial Interests 2016 for the following individuals:

Nick Batos  
*Mayor*  
*District Six*

Nicholas Batos  
Howard J. Levitan  
William F. Ribble, Jr.

Jim Wilson  
*District Seven*

Steve Sarkozy  
*Village Manager*

Sincerely,



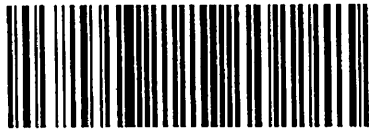
Burt Saunders  
*Village Attorney*

Kathy Hall, MMC  
Village Clerk  
[hall@estero-fl.gov](mailto:hall@estero-fl.gov)  
239-221-5035

Enc.

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Village of Estero  
Village Clerk's Office  
9401 Corkscrew Palms Circle  
Estero, FL 33928



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Lee County  
Supervisor of Elections Office  
Attn: Tammy Lipa  
P O Box 2545  
Fort Myers, FL 33902-2245