

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:

McCarthy Walter Joseph

MAILING ADDRESS:

25161 BAY CEDAR DRIVE

CITY:

BONITA SPRINGS, FL 34134

ZIP:

COUNTY:

LEE

NAME OF AGENCY:

BAYSIDE IMPROVEMENT COMMUNITY DEVELOPMENT DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

BOARD OF SUPERVISORS - SEAT 3

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

PM 6/26

17JUN27PM0952 SDC Lee Co FI

**** 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



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



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
NATIONWIDE RETIREMENT SAVINGS STATE OF FLORIDA-DIV OF RETIREMENT	PO BOX 182797, COLUMBUS, OH 43218-2797 PO BOX 3090, TALLAHASSEE, FL 32315-3090	457(b) RETIREMENT ADMINISTRATION STATE DIVISION OF RETIREMENT
COMMONWEALTH OF MASSACHUSETTS	1 WINTER STREET, 8TH FLOOR, BOSTON, MA 02108-4797	STATE BOARD OF RETIREMENT
SOCIAL SECURITY ADMINISTRATION	1 JAMAICA CENTRAL PLAZA, JAMAICA, NY 11432-3892	US SOCIAL SECURITY ADMINISTRATION
WALTER J. MCCARTHY	24600 S. TAMiami TRAIL, STE 212, BONITA SPRINGS, FL 34134	CONSULTING

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
WALTER J. MCCARTHY			
WALTER J. MCCARTHY	CALVIN W. GORDMAN & ASSOCIATES	1800 ELLER DRIVE, SUITE 600 FORT LAUDERDALE, FL 33306	CONSULTING FIRM

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.

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
SAVINGS IRA ACCOUNT	DISCOVER BANK, 502 EAST MARKET STREET, GREENWOOD, DE 19950
457(b) ACCOUNT	VANGUARD, P.O. BOX 2600, VALLEY Forge, PA 19482-2600
LIFE INSURANCE - CASH SURRENDER VALUE	NATIONWIDE RETIREMENT SOLUTIONS, PO BOX 182747, COLUMBUS, OHIO 43216-2747
	AXA EQUITY LIFE INSURANCE CO, PO BOX 1047, CHARLOTTE, NC 28201

PART E — LIABILITIES (Major debts - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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	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 ☐

SIGNATURE OF FILER:

Signature:

Walter McArthur

Date Signed:

6/24/2017

CPA or ATTORNEY SIGNATURE ONLY

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, _____, 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.

CPA/Attorney Signature: _____

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:

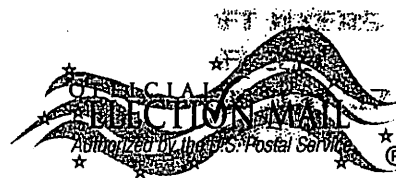
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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.

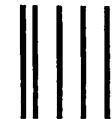
*17JUN27AM0952 S0E Lee Co FL



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