

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 :

McGarvey, John S.

MAILING ADDRESS :

28574 LaCaille Drive

CITY :

Naples, Florida

ZIP :

34119

COUNTY :

Collier

NAME OF AGENCY :

Big Cypress Stewardship District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Vice President - Board of Supervisors

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**** **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 |
|-----------------------------|---------------------|------------------------------------------------------------|
| See attached schedule | | |
| | | |
| | | |
| | | |

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 |
|----------------------------|----------------------------------------------|----------------------|------------------------------------------|
| See attached schedule | | | |
| | | | |
| | | | |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

See attached schedule

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

None

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

None

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

None

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

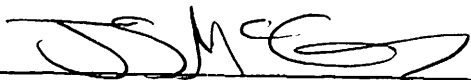
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ 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:



Date Signed:

10-26-2017

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.

John McGarvey
Supplemental Schedule to Form 1 – 2016

Part A – Primary Sources of Income

| | | |
|---------------------------------------------------|------------------------------------------------------------------------|---------------|
| 1. McGarvey Construction Company of Florida, Inc. | 9260 Estero Park Commons Blvd Suite 101 Estero, Florida 33928 | Construction |
| 2. J.McGarvey Construction Company, Inc. | 9260 Estero Park Commons Blvd Suite 101 Estero, Florida 33928 | Construction |
| 3. Westgate McGarvey, LLC | 9260 Estero Park Commons Blvd Suite 101 Estero, Florida 33928 | Real Estate |
| 4. MGF Quail West, LLC | 9260 Estero Park Commons Blvd Suite 101 Estero, Florida 33928 | Real Estate |
| 5. International Flex SWFL, LLC | 10471 Six Mile Cypress Pkwy. Suite 402 Fort Myers, Florida 33966 | Ptr. Interest |

John McGarvey
Supplemental Schedule to Form 1 – 2016

Part B – Secondary Sources of Income

| | | | | |
|----|-----------------------------------------------|-------------------------------|------------------------------------------------------------|--------------------------------|
| 1. | Westlinks Gateway, LLC | Data2Logistics | 12631 Westlinks Drive Fort Myers, FL | Transportation of Equipment |
| 2. | Westlinks Gateway, LLC | Neogenomics laboratories | 12730 et. al. Commonwealth Drive Fort Myers, FL | Laboratories |
| 3. | Westlinks Gateway, LLC | Florida Cancer Specialists | 12751 Westlinks Drive Fort Myers, FL | Medical Treatments |
| 4. | Gateway RSW International, LLC | Diamond Tours | 12641 Corporate Lakes Drive Fort Myers, FL | Tour Company |
| 5. | Gateway RSW International, LLC | Nutra-Luxe, M.D. | 6835 International Center Blvd Fort Myers, FL | Beauty Products |
| 6. | Westgate McGarvey, LLC | Robb & Stucky | 12600 Westlinks Drive Fort Myers, FL | Furniture Warehouse |
| 7. | Westgate McGarvey, LLC | Comcast of the South | 12600 Westlinks Drive Fort Myers, FL | Cable Provider |
| 8. | Westgate McGarvey, LLC | Cintas | 12600 Westlinks Drive Fort Myers, FL | Uniforms |
| 9. | McGarvey Construction Co. of Florida, Inc. | Turner-Agassi | 3000 Olympic Blvd. Suite 2120 Santa Monica, CA 90404 | Charter School Developers |

John McGarvey
Supplementary Schedule to Form 1 – 2016

Part C – Real Property

- | | | |
|----|----------------------------------------|------------------------------------------------------------------------------------|
| 1. | 1 building lot and structures thereon | Talis Park Development Naples, FL 34119 |
| 2. | 1 building lot and structures thereon | Quail West Golf & Country Club Naples, FL 34119 |
| 3. | 2 building lots and structures thereon | Naples Reserve Housing Community Naples, FL 34119 |
| 4. | 1 building lot | Quail West Golf & Country Club Naples, FL 34119 |
| 5. | Land and 7 Buildings | Westlinks Business Park 12730 et. al. Commonwealth Drive Ft. Myers, FL 33913 |
| 6. | Land and 2 Buildings | Westlinks Business Park 12650 et al. Westlinks Drive Ft. Myers, FL 33913 |
| 7. | Land and 4 Buildings | Westlinks Business Park 13130 Westlinks Terrace Ft. Myers, FL 33913 |
| 8. | 3 building lots and structures thereon | Quail West Golf & Country Club Naples, FL 34119 |

J. MC GARVEY CONSTRUCTION CO., INC.
9260 Estero Park Commons Blvd., Suite 101
Estero, FL 33928

17 JUN 28 AM 0855 SOE L



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS FL 33902-9888



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

