FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2016

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

	<u> </u>	THO TUBLIC OFFI		, , , , , , , , , , , , , , , , , , ,		
LAST NAME — FIRST NAME — MIDDLE NAM	NAME OF REPORTING PERSON'S AGENCY:					
MCINTOSH STEPHEN MAILING ADDRESS:	CITY OF BONTASPRINCES					
24461 WODSHUE DRIVE		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
BONICA SPRINGS 34 CITY: ZIP:		LIST OFFICE OR POSITION	ICER [STATE EM ON HELD:	STATE OFFICER		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2016 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS						
PART A PRIMARY SOURCES OF INCO						
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			RIPTION OF THE SOURCE'S		
TARTAN CONSCUR INC	29461 WOODSHUE DRIVE			ICIPAL BUSINESS ACTIVITY		
	2 1/2 / 4-00031	TOC DEIAG	000	SHE ENDERED SEARCH		
			 			
PART B SECONDARY SOURCES OF II [Major customers, clients, and other (If you have nothing to report, wri NAME OF NAME BUSINESS ENTITY OF	r sources of income to business	ses owned by reporting person ADDRESS OF SOURCE	n - See ins	structions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
1947						
PART C - PEAL PROPERTY (Land 1 111						
2AAO WOOSAGE DOWE BOOKS PROUSE IN			and w	G INSTRUCTIONS for when there to file this form are and at the bottom of page 2.		
8401 Estero Bur	> FT, MERST	BENCH, PC	INSTR this fo	UCTIONS on who must file orm and how to fill it out on page 3 of this packet.		

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none	' [Stocks, bonds, cert e" or "n/a")	ificates of deposit, etc Se	e instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
TARTAN CONSULTING FOIK	TARZAN CONSULTING			
PART E — LIABILITIES [Major debts - See instruction	ns]			
(If you have nothing to report, write "none)" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
44			·	
	·			
PART F — INTERESTS IN SPECIFIED BUSINESSI (If you have nothing to report, write "none"	ES [Ownership or po	ositions in certain types of b	usinesses - See instructions]	
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	
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				
IF ANY OF PARTS A THROUGH F ARE	CONTINUED OF	N A SEPARATE SHEE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER		III	PRNEY 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:		
Stoplan S. ONETADOS		I,		
Date Signed:		CPA/Attorney Signature		
3/22/16		Date Signed		

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

FILING INSTRUCTIONS:

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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, Florida 32303.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2016, you may not have filed Form 1 for 2015. In that case, this is not the last form you will file. Form 1F covers January 1, 2016, through your last day of office or employment. You will be required to file Form 1 for 2015 by July 1, 2016, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

24461 Woodsage Drive Bonita Springs, FL 34134 June 6, 2016

Supervisor of Elections PO Box 2545 Fort Myers, FL 33902

Please find attached Form 1f (2016) and Form 1 (2015) per your instructions and those of City Attorney Audrey Vance. Call me with any questions.

Stephen McIntosh

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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 14|||14||-||4||-||4||-||4|||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4||-||4|

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