FORM 1

STATEMENT OF

2016

Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS	FOF	R OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE McNulty Shaw		Vulty		
MAILING ADDRESS 7599 Cameron Cir				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
C() k	TP COUNTY			##10##11105EF
,	3912 Lee			!!
NAME CS AGENCY Lee County Department of Con NAME OF OFFICE OR POSITION HELD				4
Building Official	AK SOUGHI	and the same		<u>'</u>
You are not limited to the space on the lines CHECK ONLY II. CANDIDATE	Sun this form. Attach additional sneets			
**** BOTH F DISCLOSURE PERIOD: THOSE PERMENT REPLECTS YOUR YEAR OR ON A PISCAL YEAR PLEATED BY MUST Check one?		E PREC EDIN G TAX YE A F	R. WHETHER BA	ASED ON A CALENDAR
✓ DECEMBER TO 2016 MANNER OF CALCULATING REPORTS HAVE THE OPTION OF USIN.	ORTABLE INTERESTS:	TAX YEAR IF OTHER TH		
CALCULATIONS OR USING COMPAI for further details - CHECK THE ONE	CATIVE THRESHOLDS WHICH ALL DU ARE USING (must check on	RE USUALLY BASED ON ie)	PERCENTAGE	VALUES (see instructions
			AR VALUE THE	RESHOLDS
PART A PRIMARY SOURCES OF INC		reporting person. See inst	ructions)	
NAME OF SOURCE CHEINCOME	SOUR ADDR			TION OF THE SOURCE'S ALBUSINESS ACTIVITY
Shawr: ivicNulty	7599 Cameron Cir, Fort My	yers FI 33912	Building Official for Lee County	
Angela McNulty	7599 Cameron Cir. Fort My	yers FI 33912	Accountant fo	r a private firm
• •	ther sources of abome to busiliess.	s w ed by the location pe	ison see natud	tions]
	n_write "none" or "n/a") MC OF MAJOR SOURCES	ADDR: So	1	PRINCIPAL BUSINESS
BUSINE 3S ENTITY	OF BUSINESS INCOME	OF SOURCE		ACTIVITY OF SOURCE
PART C - REAL PROPERTY (partid be (If you have nothing to report	•	Sec structions	and where t	TRUCTIONS for when to file this form are he bottom of page 2.

PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, write	Y [Stocks, bonds, certificates	of deposit, etc See in	structions)
TYPE OF INTANGIBLE		RUSINESS ENTITY TO	WHICH THE PROPERTY RELATES
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		من المنافذ الم	
PART E — LIABILITIES [Major debts - See instru- (If you have nothing to report, write			
NAME OF CREDITOR	ı	ADORE	SS OF CREDITOR
NAME OF CICETION		/ NZA	3001 01127.01
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report write "i	none" or "n/a")	is in certain types of ba	ssinesses - Sec instructions]
NAME OF BUSINESS ENTITY	002 4000	2 U W - 1 T # -	000:419
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
erus i , is HELD WITH ENTITY			
CVI. MORE THAN A 5% INTERESTINT - BUSIN	JESS		
PART G TRAINING row elected municipal officers required to complete.	ite annual ethics training purs	suant to section 1-2 314	2 f.S
			QUIRED TRAINING.
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SIGNATURE OF F	ILER:	CPA or ATI	ORNEY SIGNATURE ONLY
	<u>ILER:</u>	If a certified public according good standing with	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or
SIGNATURE OF F Signature:		If a certified public acc	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement
SIGNATURE OF F		If a certified public according good standing with she must complete the form 1 in accordance instructions to the form	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement prepared, the Ct. with Section 112 3145, Florida Statutes, and the in Upon my reasonable knowledge and resief, the
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