

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2017

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :

MCVAY MARY FRANCES

MAILING ADDRESS :

3720 Bay Creek Dr

CITY :

ZIP :

COUNTY :

Bonita Springs, FL 34134 LEE

NAME OF AGENCY :

Bay Creek CDD Seat #4

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Supervisor

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, 2017

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 INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY~~TD Ameritrade~~ S/A

TD Ameritrade

Stock Dividends

TD Ameritrade

Brokerage Sales

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 ENTITYNAME OF MAJOR SOURCES
OF BUSINESS' INCOMEADDRESS
OF SOURCEPRINCIPAL BUSINESS
ACTIVITY OF SOURCE

none

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

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

none

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
STOCKS	Myself

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	NONE	
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:

Mary F McVay

Date Signed:

6/10/18

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:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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.

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, 2017.

2017

Security description	CUSIP and/or symbol	Stz
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AMERISOURCEBERGEN CORP COM	03073E105 ABC	
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ACCENTURE LTD COM	G1151C101 ACN	
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ARCHER DANIELS MIDLAND CO COM	039483102 ADM	
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Security description	CUSIP and/or symbol	Stz
CISCO SYSTEMS INC COM	17275R102 CSCO	

3M CO COM	88579Y101 MMM	
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DEERE & CO COM	244199105 DE	
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EQUIFAX INC COM	294429105 EFX	
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Security description	CUSIP and/or symbol	Stz
HARRIS CORP DEL COM	413875105 HRS	

INTERDIGITAL INC COM	45867G101 IDCC	
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Security description	CUSIP and/or symbol	Stz
MICROSOFT CORP COM	594918104 MSFT	

OWENS & MINOR INC COM	690732102 OMI	
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OMNICOM GROUP INC COM	681919106 OMC	
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Security description	CUSIP and/or symbol	Stz
VANGUARD S&P 500 ETF SHS	922908363 VOO	

10/10/2017 4:00:00 PM JEFFREY LEE

TD Ameritrade Clearing, Inc.

Proceeds from Broker and Barter Exchange Transactions

2017 1099-B* OMB No. 1545-0715

FATCA filing requirement ☐

LONG TERM TRANSACTIONS FOR NONCOVERED TAX LOTS [Ordinary gains or losses are identified in the Additional Report on Form 8949, Part II with Box E checked. Basis is NOT provided to the IRS. (Line 3)
"Date acquired," "Cost or other basis," "Accrued market discount," "Wash sale loss disallowed" and "Gain or loss (-)" are NOT reported to the IRS.

1a- Description of property/CUSIP/Symbol

1c- Date

sold or

disposed

Quantity

BALL CORP COM / CUSIP: 058498106 / Symbol: BLL

08/08/17 4,000.000

VISTA OUTDOOR INC COM / CUSIP: 928377100 / Syn

01/27/17 1,900.000

Totals :

10/11/17 4PM 0524 SUE LEE CPH