FORM 1	STATEMEN	T OF		2015		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL IN	<b>FERESTS</b>		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE Mielke, Jeffrey L MAILING ADDRESS:	NAME: Loyd					
5092 Westminster	Δr.			1690		
				<del>\$</del>		
Fort Myers	ZIP: COUNTY: Lee			*015 <u>1</u>		
NAME OF AGENCY! Bo	cc					
NAME OF OFFICE OR POSKTION HELD Director - Sports				16AUGOBMO151 SOE Lee Co FI		
	or in this form. Attach additional sheets, if ne		9	ğF]		
**** BOTH	PARTS OF THIS SECTION	MUST BE CO	MPLE	TED ****		
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, 2015 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	i i		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lee County Bocc FGCU	201 Second St , S	Fort Myerr fr Adjunct Professor		ts Tovism		
FGCU	Fort Myerr, Fr	Fort elyer, fr		Adjunct Professor		
	U					
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		
1						
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")		instructions]	and w	G INSTRUCTIONS for when where to file this form are		
				ed at the bottom of page 2.  RUCTIONS on who must file		
				orm and how to fill it out on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		s of deposit, etc See ins	structions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
FRS	Lee County BoCC				
	J				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
Wells-Fargo	Fort Myers, FL				
0	0				
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	1		//		
PRINCIPAL BUSINESS ACTIVITY	NA		NA		
POSITION HELD WITH ENTITY	(				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST			ortros de la compania		
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:		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.			
Date Signed:  8/10/16		CPA/Attorney Signature:  Date Signed:			
FILING INSTRUCTIONS:					
WHAT TO FILE: WH	IERE TO EILE:		WHEN 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, you must write "none" or "n/a" in that section(s).

## NOTE:

### **MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. 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.

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.

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, 2015.