FORM 1	FORM 1 STATEMENT OF		20 16	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE Moore - David -Lee	E NAME :			
MAILING ADDRESS :				
13877 Woodhaven Circle			ccepted for	
			016 calendar year	
CITY:	ZIP: COUNTY: 33905 LEE			
Ft Myers NAME OF AGENCY:	33905 LEE			
Verandah East Community Developn	nent District (VECDD)			
NAME OF OFFICE OR POSITION HEL				
Board Member (Seat 5)				
You are not limited to the space on the lin	es on this form. Attach additional she	ets, if necessary.		
CHECK ONLY IF	OR NEW EMPLOYEE OF	RAPPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	ASE STATE BELOW WHETHER	THE PRECEDING TAX YEA THIS STATEMENT IS FOR	MPLETED **** IR, WHETHER BASED ON A CALENDAR THE PRECEDING TAX YEAR ENDING HAN THE CALENDAR YEAR:	
CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	IG REPORTING THRESHOLDS ARATIVE THRESHOLDS, WHICH	ARE USUALLY BASED ON one):	LAR VALUES, WHICH REQUIRES FEWERN PERCENTAGE VALUES (see instructions)	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Procter & Gamble 10%	One P&G Plaza Cincinnati	Oh, 45201	Consumer Goods manufacturing	
Northwestern Mutual 90% 3805 Edwards Rd Ste		Cincinnati OH, 45209 Insurance and Investment firm		
		· · · · · · · · · · · · · · · · · · ·		
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	nd other sources of income to busine	sses owned by the reporting po	erson - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A				
N/A				

N/A

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

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

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 [S (If you have nothing to report, write "no	tocks, bonds, certificate	es of deposit, etc See	instructions)		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Northwestern Mutual	58% Mutual Stock funds				
Northwestern Mutual	31% Bond funds				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "not					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
Regions Mortgage	PO Box 18001 Hattiesburg MS, 39404				=
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	e" or "n/a")	ns in certain types of b	usinesses -	See instructions] BUSINESS ENTITY # 2	UK48 SUR
NAME OF BUSINESS ENTITY	N/A		N/A		
ADDRESS OF BUSINESS ENTITY					- R
PRINCIPAL BUSINESS ACTIVITY					Lo.
POSITION HELD WITH ENTITY					-
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	3				
NATURE OF MY OWNERSHIP INTEREST					_
PART G — TRAINING For elected municipal officers required to complete an	HAVE COMPL	ETED THE RE	QUIRED		
IF ANY OF PARTS A THROUGH G AR					-
SIGNATURE OF FILER: Signature: Date Signed: 2,28,2017 FILING INSTI		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:			

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, 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.

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:

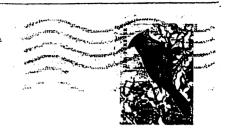
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

Moore 13877 Woodhaven Circle Ft Myers Fl 33905

严护的性性的一种。这种



Lee County Supervisor of Elections 2480 Thompson St. Fort Myers, FL 33901

33901-307480

Ուկլիուլիյոլին,լորկիոլիկիկոլիկութիութինիկ