FORM 1 STATEMENT OF 2016 FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME - FIRST NAME - MIDDLE NAME : MAILING ADDRESS NAME OF AGENCY: RINCIPO NAME OF OFFICE OR POSITION HELD OR SOUGHT: 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, 2016** 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 **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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 2855 Colonial Blud FORT Myers

School PART B -- SECONDARY SOURCES OF INCOME

NAME OF

[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")

PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE ARR+ASSOCIATES INSURance Premiums 4735 SANTA BARBARO BIVO NAPLES FL34104

ADDRESS

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF MAJOR SOURCES

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 [Sto (If you have nothing to report, write "none	e" or "n/a")		•
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
·			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	s] e" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
BANKOFAMERICA	P.O. BOX 31785 TAMPA, FL 33631		
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	' or "n/a")	ns in certain types of bus S ENTITY#1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NE	}	
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 an			e, f.S. UIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILER:			ORNEY 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:	
Klich Math		l, Form 1 in accordance instructions to the form disclosure herein is tru	with Section 112.3145, Fiorida Statutes, and the Lupon my reasonable knowledge and belief, the e and correct.
Date Signed: 6/3/17		CPA/Attorney Signatur	
		Date Signed:	
	FILING INSTR	RUCTIONS:	WHEN TO FILE:
WUAT TO FILE. W	HERE TO FILE:		ARUEIA IO LIFF.

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, write "none" or "n/a" in that section(s).

NOTE:

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.

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, Tailahassee, 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, 2016.