FORM 1	STATEMENT OF			2018	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTERESTS	s [FOR OFFICE USE ONLY:	
AST NAME - FIRST NAME - MIDDL MAILING ADDRESS: 1	E NAME :				
21910 Pauldo Street				<u>;</u>	
Fam City Gardens county:				7199EP05AM083650ELeeCoF	
NAME OF AGENCY! Member					
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				Ä	
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				() E	
**** 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, 20	18 <u>or</u> 🗅 spec	IFY TAX YEAR IF OTHER TH	IAN 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 INC	COME [Major sources of income to ort, write "none" or "n/a")	the reporting person - See ins	tructions]		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
retire ment	Jallahass	ec. Fla.		11/ 1900 0 0 0 0 0	
SOCIAL SECUM	TY III K SHE	ET, N.E. Mail	701	Wash DE 20082	
,					
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	
Mine					
•					
		×			
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 (Stocks, bonds, certificate (If you have nothing to report, write "none" or "n/a")	es of deposit, etc See instructions]		
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" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or position (If you have nothing to report, write "none" or "n/a")	ons in certain types of businesses - See instructions]		
BUSINES	SE ENTITY # 1 BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	ty Gardens		
ADDRESS OF BUSINESS ENTITY	Ash Ave.		
PRINCIPAL BUSINESS ACTIVITY Nome for the biden in the position Held with entity Position Held with entity The and the position is a second of the position in the position in the position in the position is a second of the position in t			
1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS (20) 11 Town to the first than a 5% INTEREST IN			
NATURE OF MY OWNERSHIP INTEREST	my the prome		
PART G — TRAINING For elected municipal officers required to complete annual ethics training pu	rsuant to section 112.3142, F.S.		
☐ I CERTIFY THAT I HAVE COMPL	ETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED O	N A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILER:	CPA or ATTORNEY 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:		
Mrs. Melvin Mergan	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		
Date Signed:	disclosure herein is true and correct.		
7/2/1/19	CPA/Attorney Signature:		
	Date Signed:		
FILING INSTRUCTIONS:			
Margarana madilad the forms but the Commission on Ethics are a Country of	Sandidata Sia this form to wath as with their Sings of		

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 Commissior 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.

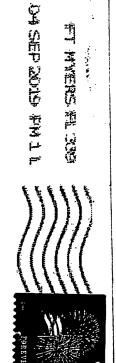
Finally, file a final disclosure form (Form 1F) within 60 days or leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

*19SEP05AM0836 SQE Lee Co F1

Supervisor of Elections PD Box 2545 Fart Myers, FL 32000 non.

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