

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME

OLMSTED STEPHEN ROYS

MAILING ADDRESS:

15443 CALANDA DRIVE

CITY: ZIP: COUNTY:

BOONTA SPRINGS, FL 34135 LEE

NAME OF AGENCY:

VILLAGE OF PINECREST

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

PLANNING DIRECTOR

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

✓  
pm 6/26

19JUN28PM0836 SDC Lee Co F1

\*\*\*\* 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, 2018 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	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
VILLAGE OF PINECREST SALARY	12625 PINECREST PALM, PINECREST, FL 33456	MUNICIPAL GOVERNMENT
DEANIS VANHOODEN	1575 CONCESSIONS STR RHW1, DEERHONING FARM RETN (CANADA)	FARM RETN (CANADA)
VOLVO RETIREMENT ACCOUNT	PO, Box 990067, HARTFORD, CT 06199	INVESTMENT MANAGEMENT
FARM SALE TO BRADLEY MCKEEN	261 PALMCREST RD. 83, KINCARDINE ONTARIO - CANADA	FARMING

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
N/A - DO NOT OWN ANY	BUSINESS INTERESTS	DOING BUSINESS IN FLORIDA	

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

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

N/A - ONLY PROPERTY OWNED IN FLORIDA IS RESIDENCE OWNED JOINTLY WITH WIFE.

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.

**SCHWAB INVESTMENT PORTFOLIO - PERSONAL INVESTMENT ACCOUNT WITH WIFE**

**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
CHASE BANK SAVINGS ACCOUNT - PERSONAL SAVINGS ACCOUNT	PERSONAL ACCOUNT OWNED BY ME AND 50% INTEREST WITH BROTHER/PARTNER
FARMER PROPERTY (SEE INTEREST)	PERSONAL SAVINGS ACCOUNT
BANK OF MONTREAL SAVINGS ACCOUNT	PERSONAL SAVINGS ACCOUNT
VIA RETIREMENT ACCOUNT	401K/457 RETIREMENT ACCOUNTS

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
REGIONS MORTGAGE	P.O. Box 18001, MATTHEW BIRDY, MS 39404
BANK OF MONTREAL	574 WINDAS STREET, WOODSTOCK, ONTARIO, CANADA
BANK OF AMERICA	P.O. Box 2759, JACKSONVILLE, FL 32203

**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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
-N/A- DO NOT OWN ANY INTEREST IN SPECIFIED	TY PEGS OF BUSINESSES	
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:

*Stephen R. Christed*

Date Signed:

6/21/2019

**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.

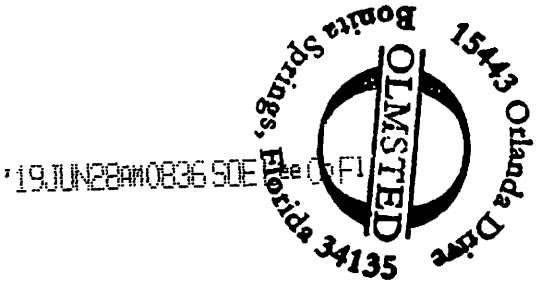
**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less 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.

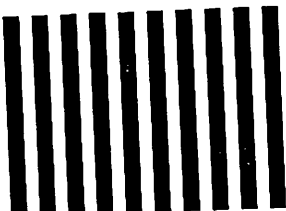
**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

SCHWAB INVESTMENT PORTFOLIO - PERSONAL INVESTMENT ACCOUNT WITH WIFE  
 CHASE BANK SAVINGS ACCOUNT - PERSONAL SAVINGS ACCOUNT  
 FARMER PROPERTY (SEE INTEREST)  
 BANK OF MONTREAL SAVINGS ACCOUNT - PERSONAL SAVINGS ACCOUNT  
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 REGIONS MORTGAGE  
 BANK OF MONTREAL  
 BANK OF AMERICA  
 P.O. Box 18001, MATTHEW BIRDY, MS 39404  
 574 WINDAS STREET, WOODSTOCK, ONTARIO, CANADA  
 P.O. Box 2759, JACKSONVILLE, FL 32203  
 -N/A- DO NOT OWN ANY INTEREST IN SPECIFIED  
 TY PEGS OF BUSINESSES  
 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: Stephen R. Christed  
 Date Signed: 6/21/2019  
 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: \_\_\_\_\_  
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**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL  
POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS  
PO BOX 2545  
FORT MYERS FL 33902-9888



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

