	Attention of the second					
FORM 1	STATEN	TENT OF	Aur 20	2016		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDD	LE NAME:					
MAILING ADDRESS :						
9168 Henry 1	Zoad					
•	ZIP: COUNTY:	·				
CITY:						
NAME OF AGENCY:	ee					
Lee County BOC						
NAME OF OFFICE OR POSITION HE Serior Fiscal E						
You are not limited to the space on the l	ets if necessary					
CHECK ONLY IF _ CANDIDATE	R APPOINTEE					
**** BOTI	I PARTS OF THIS SEC	TION MUST BE COI	MPLETE	D ****		
DISCLOSURE PERIOD:		•				
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (myst 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 FEW CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instruction).						
for further details). CHECK THE ON	IE YOU ARE USING (must check	one):	FERCENTA	GE VALUES (See HISHUCTIONS		
☐ COMPARATIVE (F	PERCENTAGE) THRESHOLDS	OR DOLL	AR VALUE	THRESHOLDS		
PART A PRIMARY SOURCES OF II		the reporting person - See inst	ructions]			
(If you have nothing to re	oort, write "none" or "n/a")					
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Lee County BOCK	2115 2nd St	Y.01+	local trovt.			
	Ft. Myers, Fl	33901	() ()	2 (10/1)		
	71,110,000,100					
PART B SECONDARY SOURCES		SAN	2005 (400-2004) 70000 11000			
[Major customers, clients, a (If you have nothing to re	and other sources of income to busine port, write "none" or "n/a")	sses owned by the reporting pe	rson - See ins	tructions]		
NAME OF .	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE		
nle						
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 II	NSTRUCTIONS for when		
		and whe	re to file this form are at the bottom of page 2.			
nlc		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stomothing to report, write "non		s of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
nla						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Suncoast FEU	PO Box 11904 Tampe FC 33680					
	Tampe F	1 33680	NO SENSO AND COMMON AND AND COMMON AND COMMO			
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	1/2		1/2			
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: Date Signed: 5/3017		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: 1,				
FILING INSTRUCTIONS:						
WHAT TO FILE: WH	ERE TO FILE:	3	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, 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, 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.

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.