

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: Pritt Robert Dwane			NAME OF REPORTING PERSON'S AGENCY:		
MAILING ADDRESS: 25070 Ascot Lake Ct.			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE		
CITY: Bonita Springs	ZIP: 34134	COUNTY: Lee	LIST OFFICE OR POSITION HELD: <u>City Attorney</u> <u>City of Naples</u>		

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2019 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS January 14, 2019. (Date must be prior to 12/31/19)

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Roetzal + Andress	850 Park Shore Dr. #300 Naples 34103	Attorney
USF	4202 Fowler Ave. Tampa 33620	Instructor
City of Sanibel	800 Dunlop Rd. Sanibel 33957	Pension
RC-ICMARC	777 N. Capitol St NE Wash DC	457 Plan
USA-Social Security	600 W. Madison Chicago IL	Retirement

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by 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

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

HQV- W. 57th Club NY - Interval

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 of this packet.

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
Wells Fargo Advisors	IRA
Schwab Retirement	401 K

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Third Federal S+L	25301 S. Tamiami Tr. Bonita Springs 34134
Sanibel Captiva Comm. Bank	2475 Library Way Sanibel 33957

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
	Backwater Bay LLC V	
ADDRESS OF BUSINESS ENTITY	14862 Crescent Cove Ft. Myers	
PRINCIPAL BUSINESS ACTIVITY	Real Estate Rental	
POSITION HELD WITH ENTITY	Member	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes 50%	
NATURE OF MY OWNERSHIP INTEREST	Investor	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:

Robert D. Pitt

Date Signed:

January 28, 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:

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2019, you may not have filed Form 1 for 2018. In that case, this is not the last form you will file. Form 1F covers January 1, 2019, through your last day of office or employment. You will be required to file Form 1 for 2018 by July 1, 2019, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

850 Park Shore Drive
Trianon Centre
3rd Floor
Naples, FL 34103
DIRECT DIAL 239.649.2714
PHONE 239.649.6200 FAX 239.261.3659
rpritt@ralaw.com

WWW.RALAW.COM

January 28, 2019

Tommy Doyle
Lee County Supervisor of Elections
P.O. Box 2545
Fort Myers, FL 33902-9888

Re: Form 1 F- Robert D. Pritt

Dear Supervisor Doyle:

I am a Lee County resident who has served as City Attorney for the City of Naples for some time. I stepped down as City Attorney on January 14, 2019. Enclosed is my Form 1-F. Please file it with the appropriate Disclosure Forms.


Last year we filed on-line and received an e-mail confirmation. However, I was unable to find it online this week, so filled it out and am sending it the old-fashioned way--regular mail.

If it is possible, please send me a confirmation of filing. If there is a problem please have someone call me at 239-292-2147.

Thank you.

Very truly yours,

ROETZEL & ANDRESS, LPA

s/ Robert D. Pritt 

Robert D. Pritt

Enc. Form 1-F

19 FEB 04 AM 09:35 SOEL Lee Co Fl



FT MYERS FL 339

30 JAN 2019 PM 4:11

Mr & Mrs Robert Witt
25070 Ascot Lake Court
Bonita Springs, Florida
34134

19FEB04M0934 SDE LEE Co FI

FL MYERS P8DC 339

MON 28 JAN 2019 PM

SUPERVISOR OF ELECTIONS

P.O. BOX 2545

FORT MYERS, FL

33902-9888

33902X9888

Form 1 F