

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2018

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SANTUCCI, MICHELE A.

MAILING ADDRESS :

1567 Hayley Lane

CITY :

ZIP :

COUNTY :

Ft. Myers FL 33907 LEE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Historic Preservation Commission

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [] CANDIDATE OR [X] 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):

[X] 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):

[X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include Starlink Realty Inc. and Res. Rental Income.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Content is NONE.

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

Table with 1 column: REAL PROPERTY. Content is NONE.

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.

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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
Stocks	FSC Securities Corporation

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

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		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY	NONE	
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: 8-15-2019

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, N/A, 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.



CITY OF FORT MYERS, FLORIDA

CITY CLERK'S OFFICE
PO BOX 2217
FORT MYERS, FL 33902
239-321-7035 TEL
239-344-5927 FAX

City of Palms

91 7199 9991 7038 8153 3505

July 16, 2019

Michele Santucci
1567 Hayley Lane
Fort Myers, FL 33907

Dear Ms. Santucci:

City Council, at its regular meeting on July 15, 2019, unanimously approved your appointment to the Historic Preservation Commission, effective July 15, 2019, through July 14, 2022. The Commission on Ethics has determined that members of the Historic Preservation Commission are required to file a Statement of Financial Interest.

Enclosed is Form 1, Statement of Financial Interest 2018, Form 9 Quarterly Gift Disclosure and Form 10, Annual Disclosure of Gifts. Form 1 is to be filed within 30 days from your appointment at the Lee County Elections Office, Post Office Box 2545, Fort Myers, FL 33902-2545. The Lee County Elections Office will mail Form 1 to you on an annual basis in the future.

The Ethics Law also requires that Form 9, Quarterly Gift Disclosure, must be filed with the Commission on Ethics on the last day of any calendar quarter following the calendar quarter in which a gift worth over \$100.00 was received other than gifts from relatives, gifts prohibited from being accepted, gifts primarily associated with your business or employment, and gifts otherwise not required to be disclosed. Please note that the Quarterly Gift Disclosure form does not have to be filed unless you received a reportable gift. It is your responsibility to obtain and file this form in the future if you receive any reportable gifts.

Please note that Florida Statute 112.3145(6)(f) provides that a person who is required to file a statement of financial interests and fails to timely file is assessed a fine of \$25.00 per day for each date late up to a maximum of \$1,500.00.

Yours truly,

CITY OF FORT MYERS

Gwen Carlisle, MMC
City Clerk

GC:bv
Enclosures

c: Lee County Elections Office
Post Office Box 2545
Fort Myers, FL 33902-2545

Form 1
Financial Disclosure
attached.

239-533-8683

Lee.vote
Disclosure @ Lee.vote.

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