FORM 1	STATEM	STATEMENT OF		2016	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE I Simon Mindi	NAME : C		***************************************		
MAILING ADDRESS : 14022 Image Lake Ct.					
		· ·			
CITY: ZIP: COUNTY: Ft. Myers 33907 Lee					
NAME OF AGENCY : Lee County Library System					
NAME OF OFFICE OR POSITION HELD Director	OR SOUGHT :				
You are not limited to the space on the lines	on this form. Attach additional she				
		na na mana na na na mana na			
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one):		THE PRECEDING TAX YEA	R, WHETI	HER BASED ON A CALENDAR	
≝ DECEMBER 31, 2016	OR O SPECI	FY TAX YEAR IF OTHER TH	IAN THE C	ALENDAR YEAR:	
MANNER OF CALCULATING REPO FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPART for further details). CHECK THE ONE COMPARATIVE (PER	REPORTING THRESHOLDS T ATIVE THRESHOLDS, WHICH	ARE USUALLY BASED ON one):	I PERCEN		
PART A PRIMARY SOURCES OF INCO	DME [Major sources of income to	the reporting person - See ins	tructions]		
(If you have nothing to report	•	IDCE'S	ne	PODIDTION OF THE POLIDORIO	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lee County BOCC	2115 Second St., Ft. Myers, FL 33901		public service		
Sale of property	1922 SW 29th Terr, Cap	e Coral, FL	real estate		
(If you have nothing to repo	other sources of income to busine	sses owned by the reporting p	erson - See	instructions] PRINCIPAL BUSINESS	
NAME OF BUSINESS ENTITY	OF BUSINESS' INCOME OF SOUR			ACTIVITY OF SOURCE	
n/a					
	<u>, , , , , , , , , , , , , , , , , , , </u>				
PART C REAL DRODERTY II and hull	lings owned by the reporting party	on - See instructions	1		
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		
1922 SW 29th Terrace, Cape Corra		Instructions on who must file this form and how to fill it out begin on page 3.			

		NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			
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					
Bank accounts	owned personally, JTWROS with husband					
Roth IRA	owned personally					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor			<u>Optional included discussion</u>	AND THE REAL PROPERTY OF THE P		
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Wells Fargo	PO Box 10335, Des Moines, IA 50306-0335					
SunTrust	901 Semmes Ave., Roanoke, VA 23224					
PART F INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	" or "n/a")	s in certain types of bus	sinesses - : n/a	See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	1174		1170			
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	2					
PART G TRAINING						
For elected municipal officers required to complete a	nnual ethics training purs	suant to section 112.3142	2, 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:		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:				
Much Sum Date Signed: 10/12/17		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 INSTR	UCTIONS:				

WHAT 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).

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.

WHERE TO FILE:

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.

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, 2016.