FORM 1	STATEM	ENT OF		2018	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDI Simon Mindi Chook	E NAME :		and an analysis		
MAILING ADDRESS: 14022 Image Lake Court					
	7IP : COUNTY :				
Fort Myers 33907 Lee					
NAME OF AGENCY: Lee County BoCC - Library					
NAME OF OFFICE OR POSITION HE Director	LD OR SOUGHT :				
You are not limited to the space on the li	nes on this form. Attach additional shee	ts, if necessary.			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one): DECEMBER 31, 2: MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF USI CALCULATIONS, OR USING COMF for further details). CHECK THE ON COMPARATIVE (F	EASE STATE BELOW WHETHER TO SPECIFICATION OF THE SPECIFICATION OF THE SHOLDS TO SPECIFICATION OF THE SHOLDS TO SPECIFICATION OF THE SHOLDS TO SPECIFICATION OF THE SHOLDS THE SHOLDS THE SHOLDS THE SHOLDS THE SHOLDS	HE PRECEDING TAX YEARINS STATEMENT IS FOR TY TAX YEAR IF OTHER THE HAT ARE ABSOLUTE DOING ARE USUALLY BASED Of the content	AR, WHETH THE PRE HAN THE C LLAR VALU N PERCEN LAR VALU	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING ALENDAR YEAR: LES, WHICH REQUIRES FEWER	
PART A PRIMARY SOURCES OF II (If you have nothing to re	NCOME [Major sources of income to to port, write "none" or "n/a")	he reporting person - See in			
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lee County BoCC	2115 Second St Fort	2115 Second St Fort Myers, FL 33901		Public Service	
(If you have nothing to re NAME OF	and other sources of income to busines aport, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS OF SOURCE	person - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
BUSINESS ENTITY None	OF BUSINESS' INCOME	OF SOURCE		AGINTI OF SOURCE	
1 10/10					
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 located at the bottom of page 2.		
None			INSTI	RUCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [SI (If you have nothing to report, write "no		s of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Bank accounts	owned personally					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Lexus Financial	PO Box 105386 Atlanta, GA 30348					
Wells Fargo	PO Box 10335 Des Moines, IA 50306-0335					
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	none					
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: Mach Somm Date Signed: 6/3/19		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:						

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.