FORM 1

STATEMENT OF

2017

Dissessed as the control of the cont	TEINIA	BICHAR		na [
Please print or type your name, mailing address, agency name, and position below.	ow: FINA	INCIAL	INTEREST	rs	FOR OFFICE USE ONLY:	
Smith, Russell Riley	DDLE NAME :					
MAILING ADDRESS: 10481 Six Mile Cypress Par	rkway					
CITY: Fort Myers,	ZIP: 33966	COUNTY: Lee				
NAME OF AGENCY: See Attached Listing		***************************************				
NAME OF OFFICE OR POSITION I Supervisor	HELD OR SOUGHT:					
You are not limited to the space on th	e lines on this form. At	tach additional she	ets, if necessary.			
CHECK ONLY IF CANDIDAT	E OR 🗹 NEV	V EMPLOYEE OF	APPOINTEE			
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. FEITHER (must check one):	OUR FINANCIAL IN	TERESTS FOR T		EAR, WHET	HER BASED ON A CALENDAR	
DECEMBER 31,	2017 <u>OR</u>	□ SPECI	FY TAX YEAR IF OTHER	THAN THE C	CALENDAR YEAR:	
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF U CALCULATIONS, OR USING COI for further details). CHECK THE (COMPARATIVE	ISING REPORTING MPARATIVE THRES	THRESHOLDS THOLDS, WHICH IG (must check	ARE USUALLY BASED one):	ON PERCEI		
			- According and according and according and according according and according accordin			
PART A PRIMARY SOURCES OF (If you have nothing to			the reporting person - See	instructions]		
NAME OF SOURCE OF INCOME	1	SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Lennar Homes, LLC	10481 Siz	10481 Six Mile Cypress Parkway		Constr	Construction / Development	
	Fort Mye	Fort Myers, FL 33966				
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	s, and other sources of	or "n/a") OR SOURCES	sses owned by the reportin ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A						
N/A						
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				and v	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.	
2935 Winkler Ave. #1105, Ft. Myers, FL 33919				INSTI this f		

PART D — INTANGIBLE PERSONAL PROPERTY [SI (If you have nothing to report, write "not TYPE OF INTANGIBLE	ne" or "n/a")			
Stock Shares	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES Lennar Corporation			
Mutual Funds	Index-based mutual funds containing all stocks in major indicies			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	is] ne" or "n/a")			
NAME OF CREDITOR	ADDRES	SS OF CREDITOR		
Ditech Financial	1400 Landmark Towers, St. Paul, MN			
Bank of America	100 N. Tyron St., Charlotte, NC			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none" NAME OF BUSINESS ENTITY	" or "n/a") BUSINESS ENTITY # 1 N/A	BUSINESS ENTITY # 2 N/A		
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				
	HAVE COMPLETED THE REQU	UIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE		ET, PLEASE CHECK HERE		
SIGNATURE OF FILE		CPA or ATTORNEY SIGNATURE ONLY		
Date Signed 7 11 18	in good standing with the she must complete the life. Form 1 in accordance winstructions to the form, disclosure herein is true.	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,		
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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

NAME OF AGENCY:

Beach Road Golf Estates CDD
Bonita Landing CDD
Mirada CDD
Heritage Harbour Marketplace CDD
Portico CDD
Palermo CDD
Sarasota National CDD
Tern Bay CDD
WildBlue CDD

Added 11/29/2018

Vista Blue CDD