FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2019

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

LAST NAME — FIRST NAME — MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:		
SMITH TRAYEELAUNDA		LEE COUNTY BOCC		
MAILING ADDRESS: 3832 23RD ST W		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):		
3632 23RD ST W		☐ LOCAL OFFICER ☐ STATE OFFICER		
		SPECIFIED STATE EMPLOYEE		
CITY: ZIP: COUNTY:		LIST OFFICE OR POSITION	ON HELD:	
LEHIGH ACRES 33971	LEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCE	BOTH PARTS OF THIS SEC			
OFFICE OR EMPLOYMENT DESCRIBED A	BOVE, WHICH DATE WAS	OD BETWEEN JANUART 1, 4	.UTS AND	O19. (Date must be prior to 12/31/19)
MANNER OF CALCULATING REPOR FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPARATI details). PLEASE STATE BELOW WHETHE	TABLE INTERESTS: REPORTING THRESHOLDS VE THRESHOLDS, WHICH ARE ER THIS STATEMENT REFLECTS	THAT ARE ABSOLUTE DO E USUALLY BASED ON PER S EITHER (must check one):	OLLAR VA CENTAGE	LUES, WHICH REQUIRES FEWER E VALUES (see instructions for further
COMPARATIVE (PERCENT)	.GE) THRESHOLDS	<u>OR</u> DOI	LAR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF IN	write "none" or "n/a")		e instructio	ons]
NAME OF SOURCE OF INCOME	SOUR(ADDRI		•	RIPTION OF THE SOURCE'S ICIPAL BUSINESS ACTIVITY
LEE COUNTY BOCC	1500 MONROE ST			RNAL SERVICES
				,
(If you have nothing to report, NAME OF N	ther sources of income to busines write "none" or "n/a") AME OF MAJOR SOURCES	ADDRESS	n - See in	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
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")			and w	G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.
NONE			this fe	RUCTIONS on who must file orm and how to fill it out on page 3 of this packet.
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, cert	ificates 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		
NONE			
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 po (If you have nothing to report, write "none" or "n/a") BUS NAME OF BUSINESS ENTITY	ositions in certain types of businesses - See instructions] SINESS ENTITY # 1 BUSINESS ENTITY # 2		
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 trainin I CERTIFY THAT I HAVE CON	ng pursuant to section 112.3142, F.S. MPLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED	O ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILER: Signature: Date Signed:	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:		
02/05/19	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

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.