FORM 1		STATEMENT OF				2016	
Please print or type your name, mailing address, agency name, and position below	FIN	ANCIAL	INTERE	STS		FOR OFFICE USE ONLY:	
LAST NAME – FIRST NAME – MID Soto, Abigail	DLE NAME :		The state of the s				
MAILING ADDRESS : 1118 Broad St. N.			1000 P. H.				
			A LINE AND A COLUMN AND A COLUM				
CITY: Lehigh Acres	ZIP : 33936	COUNTY: Lee					
NAME OF AGENCY: Lee County Domestic Anima	al Services	AC					
NAME OF OFFICE OR POSITION H Office Manager	ELD OR SOUGH						
You are not limited to the space on the	lines on this form	a. Attach additional shee	ts, if necessary.				
CHECK ONLY IF \(\bigcirc \text{ CANDIDATE}	OR 🔲	NEW EMPLOYEE OR	APPOINTEE				
	<u>'H</u> PARTS (OF THIS SECT	ION <u>MUST</u> BI	E COMPL	_ET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. F EITHER (must check one):	OUR FINANCIAL LEASE STATE	. INTERESTS FOR T BELOW WHETHER	HE PRECEDING TA THIS STATEMENT I	AX YEAR, WH	HETH PREC	ER BASED ON A CALENDAR CEDING TAX YEAR ENDING	
■ DECEMBER 31,	2016 <u>OR</u>	□ SPECIF	Y TAX YEAR IF OTI	HER THAN TI	HE C	ALENDAR YEAR:	
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF U CALCULATIONS, OR USING COM for further details). CHECK THE C	SING REPORTI IPARATIVE THE	NG THRESHOLDS T RESHOLDS, WHICH	ARE USUALLY BAS	TE DOLLAR \ SED ON PER	VALU RCEN	ES, WHICH REQUIRES FEWER TAGE VALUES (see instructions	
,		E) THRESHOLDS	<u>OR</u> ■	DOLLAR V	/ALU	E THRESHOLDS	
PART A PRIMARY SOURCES OF (If you have nothing to r			he reporting person -	See instructio	ns]	ista askaman ni Nominian an Gutarian ista (1956) an an Albanda an Albanda (1954) an Albanda (1954) an Albanda (
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
BOCC- Animal Services	5600 B	5600 Banner Drive. Fort Myers, FL 33912		2 emp	employment		
					fortor (Bigger)		
PART B - SECONDARY SOURCE: [Major customers, clients (If you have nothing to	, and other source		sses owned by the rep	oorting person	- See	instructions]	
NAME OF BUSINESS ENTITY		NAME OF MAJOR SOURCES ADD OF BUSINESS' INCOME OF S				PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None							
		NUURA TUO NATUURA ARAA ARAA ARAA ARAA ARAA ARAA ARA		Version tal state procession	- Sirensinine		
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. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
land, 404 E 6th St. Lehigh Acres, FL 33972							

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		s of deposit, etc See ins	tructions]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
None							
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non							
NAME OF CREDITOR		ADDRES	RESS OF CREDITOR				
None							
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	or "n/a")	ns in certain types of bus S ENTITY # 1	inesses - See instructions] BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	None	WHITE IT IS TO SEE THE SECOND OF THE SECOND					
ADDRESS OF BUSINESS ENTITY	None						
PRINCIPAL BUSINESS ACTIVITY	None						
POSITION HELD WITH ENTITY	None						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	None						
NATURE OF MY OWNERSHIP INTEREST	None						
PART G — TRAINING For elected municipal officers required to complete an	٥.						
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
Signature OF FILE Signature: Obegan 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,						
FILING INSTRUCTIONS: WHAT TO FILE: WHEN 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).

NOTE:

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.

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

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.

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.