FORM 1	STATEMENT OF	,	2016	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	STS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE  MAILING ADDRESS:	NAME: Stangeland		1746	
	arcello Way		£2X.	
CITY: Naples,	FL. 34110		M0257 9	
NAME OF AGENCY:  Med: Tevra No  NAME OF OFFICE OR POSITION HEL	ORSOUGHT:  Supervisors	-	17MAY23PM0257 SOE Lee Co F	
	es on this form. Attach additional sheets, if necessary.  OR NEW EMPLOYEE OR APPOINTEE	NOL		
**** BOTH	PARTS OF THIS SECTION MUST E	F COMPL	FTFD ****	
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):				
DECEMBER 31, 20	16 <u>OR</u> D SPECIFY TAX YEAR IF OT	THER THAN TH	HE CALENDAR YEAR:	
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):				
l . / '	RCENTAGE) THRESHOLDS OR	DOLLAR V	ALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")				
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Carney Propertie	s cape coval, Fl		40%	
RL Properties			40%	
Charles Schwak	Saw Francisco, CX	<del>_</del>	20%	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				
[Major customers, clients, and	d other sources of income to businesses owned by the re	porting person -	See instructions]	
[Major customers, clients, and	d other sources of income to businesses owned by the re	RESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
[Major customers, clients, an (If you have nothing to rep NAME OF	d other sources of income to businesses owned by the report, write "none" or "n/a")  NAME OF MAJOR SOURCES ADDR	RESS	PRINCIPAL BUSINESS	
[Major customers, clients, an (If you have nothing to rep NAME OF	d other sources of income to businesses owned by the report, write "none" or "n/a")  NAME OF MAJOR SOURCES ADDR	RESS	PRINCIPAL BUSINESS	
[Major customers, clients, an (If you have nothing to rep NAME OF BUSINESS ENTITY	d other sources of income to businesses owned by the report, write "none" or "n/a")  NAME OF MAJOR SOURCES ADDR  OF BUSINESS' INCOME OF SOU	RESS URCE	PRINCIPAL BUSINESS	
[Major customers, clients, an (If you have nothing to rep NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Land, bu (If you have nothing to repo	d other sources of income to businesses owned by the report, write "none" or "n/a")  NAME OF MAJOR SOURCES ADDR  OF BUSINESS' INCOME OF SOURCES OF SOURCES ADDR  OF SOURCES ADDR	RESS URCE Fil an	PRINCIPAL BUSINESS	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks		leposit, etc See ins	tructions]	
(If you have nothing to report, write "none" o	•			
TYPE OF INTANGIBLE	BUS	INESS ENTITY TO W	/HICH THE PROPERTY RELATES	
		<u> </u>		
PART E — LIABILITIES [Major debts - See instructions]				
(If you have nothing to report, write "none" o	r "n/a")			
NAME OF CREDITOR I	ADDRESS OF CREDITOR			
1(6)(5	<del></del>		o or organism	
NONE -			· · · · · · · · · · · · · · · · · · ·	
PART F INTERESTS IN SPECIFIED BUSINESSES [Owi	nership or positions in	certain types of bus	inesses - See instructions]	
(If you have nothing to report, write "none" or			BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	ביים ביים ביים	· · · · · · · · · · · · · · · · · · ·	DOSINESS 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	-AL-1			
For elected municipal officers required to complete annual				
I CERTIFY THAT I HA	VE COMPLETE	ED THE REQU	JIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE CO	ONTINUED ON A S	SEPARATE SHE	T, PLEASE CHECK HERE	
SIGNATURE OF FILER:				
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		
		must complete the t	ollowing statement:	
1.5		I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the		
local Storgland		tructions to the form.	Upon my reasonable knowledge and belief, the	
Date Signed:	dis	closure herein is true	and correct.	
		CPA/Attorney Signature:		
> 19 2017	Da	te Signed:		
TATE		•		
	ING INSTRUC		A/LIEN TO FILE.	
WHEK WHEK	E IU FILE:	,	NHEN 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 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.

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.



33901

Lee county Elections office

Thompson ST.

7480

FOUT MYETS, FL.

Robert Stangeland 29170 Marcello Way Naples, FL 34110-2777

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