FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2018

FINANCIAL INTERESTS			
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT) $\stackrel{\sim}{100}$			
LAST NAME — FIRST NAME — MIDDLE NAME:	NAME OF REPORTING P	ERSON'S AGENCY:	
STEGMANN RICHARD WALTER	CAPTIVA ERO.	SION PROTECTION DISTRICT	
MAILING ADDRESS:	CHECK ONE OF THE FO	LLOWING (see "Who Must File" on page 3	
P.O. Box 807	LOCAL OFFIC		
		STATE EMPLOYEE TO THE TOTAL PROPERTY OF THE	
CAPTIVA FL 3394 LEE	LIST OFFICE OR POSITIO	ON HELD: COMMISSE!	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2018 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FED 14 2018. (Date must be prior to 12/31/18) 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE 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")			
	RCE'S	I DESCRIPTION OF THE SOURCE'S	
OF INCOME ADD	RESS	PRINCIPAL BUSINESS ACTIVITY	
LANGE- STEGMANN CO / ANGELICA	St. LOUIS, MO	MATERIAL HANDLING	
TRUST INVESTMENTS-(PRIVATE)			
RETIRED SOCIAL Security			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to busin (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF BUSINESS ENTITY OF BUSINESS' INCOME	nesses owned by reporting person ADDRESS OF SOURCE	on - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting (If you have nothing to report, write "none" or "n/a") 17910 Taunton 51. Louis, Ma	ອ	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
15067C CAPTIVA RD. CAPTIVA, F	۲.	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.	

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none	[Stocks, bonds, certificates of deposit, etc See instructions] " or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
TRUST INVESTILENTS PRI	MIE)		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none	s] " or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
(If you have nothing to report, write "none" NAME OF BUSINESS ENTITY 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	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
IF ANY OF PARTS A THROUGH F ARI	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILE Signature: Linking W. Stegme Date Signed: 2/21/2018	If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this fo for you, he or she must complete the following statement:		

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers 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

FILING INSTRUCTIONS:

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2018, you may not have filed Form 1 for 2017. In that case, this is not the last form you will file. Form 1F covers January 1, 2018, through your last day of office or employment. You will be required to file Form 1 for 2017 by July 1, 2018, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

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Redical W. Stegmann P.O. Box 807 Captina, FL 33924

Supermon of Elections 7.0. Box 2545 Fort Myers, FL 33902-2545

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