FORM 1		STATEM	IENT OF		2017	
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL	INTERESTS	F	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MID Stockman - Justin - Thomas		AME:				
MAILING ADDRESS: 1531 Hendry Street						
CITY: Fort Myers		IP: COUNTY: 3901 Lee				
NAME OF AGENCY: Fort Myers Planning Board						
NAME OF OFFICE OR POSITION F Board Member	HELD O	R SOUGHT :				
You are not limited to the space on the			•			
CHECK ONLY IF	E OR	NEW EMPLOYEE OR	APPOINTEE			
**** BOT	<u>[H</u> P/	RTS OF THIS SECT	ION MUST BE CO	MPLET	ED ****	
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. FEITHER (must check one):						
DECEMBER 31,	2017	OR 🗆 SPECIF	FY TAX YEAR IF OTHER TH	IAN THE C	ALENDAR YEAR:	
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF U CALCULATIONS, OR USING COI for further details). CHECK THE O	ISING F MPARA	REPORTING THRESHOLDS T TIVE THRESHOLDS, WHICH	ARE USUALLY BASED OF	LAR VALU 1 PERCEN	ES, WHICH REQUIRES FEWER ITAGE VALUES (see instructions	
,		ENTAGE) THRESHOLDS	•	AR VALU	E THRESHOLDS	
PART A PRIMARY SOURCES OF (If you have nothing to i			he reporting person - See ins	tructions]		
NAME OF SOURCE OF INCOME			JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
	eraghty, Dougherty & Stockma		1531 Hendry Street, FM, FL 33901		Law Office	
Corbin Henderson Co.		1404 Dean Street, # 100, FM, FL 33901		Real Estate		
		2015				
PART B SECONDARY SOURCE: [Major customers, clients (If you have nothing to	, and ot	ner sources of income to busines	ses owned by the reporting pe	erson - See	instructions]	
		ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Geraghty, Dougherty & Stockman, P.A.						
	·					
PART C REAL PROPERTY [Land (If you have nothing to r	n - See instructions]	and w	INSTRUCTIONS for when here to file this form are			
None located at the bottom of pa						
				this fo	orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "non TYPE OF INTANGIBLE	ne" or "n/a")						
	John Hancock Life Ins. Co.						
4018	John Hancock Life Ins. Co.						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	**Sec. 200 (90 500)						
NAME OF CREDITOR	ADDRESS OF CREDITOR						
Wells Fargo	Unknown						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2							
NAME OF BUSINESS ENTITY	Geraghty, Dougherty & Stockman, P.A.						
ADDRESS OF BUSINESS ENTITY	1531 Hendry Street, FM, FL 33901						
PRINCIPAL BUSINESS ACTIVITY	531 Hendry Street, FM, FL 33901						
POSITION HELD WITH ENTITY	Partner						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes						
NATURE OF MY OWNERSHIP INTEREST	Partner in Lawfirm						
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.							
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE 🔲				
SIGNATURE OF FILE	AND DESCRIPTION OF THE PARTY OF	CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorney					
Date Signed:		in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,					
0/14/10		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 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.