

FORM 1X

AMENDMENT TO

STATEMENT OF FINANCIAL INTERESTS

18-07-16 PM 0:41

LAST NAME - FIRST NAME - MIDDLE NAME
(Same as on original Form 1):

Strayhorn Edwin Bruce

MAILING ADDRESS:

2125 First Street

Suite 201

CITY: Fort Myers **ZIP:** 33901 **COUNTY:** Lee

◆ **THIS FORM AMENDS THE (Choose one)**

FORM 1 I FILED FOR THE YEAR: 2015

FORM 1F I FILED FOR THE PERIOD
_____ **THROUGH** _____

◆ **DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF:** Commissioner

◆ **WITH THIS GOVERNMENTAL AGENCY:** The Housing Authority of the City of Fort Myers

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):

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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Strayhorn & Persons, P.L.	2125 First Street, Suite 201, Fort Myers, FL 33901	Law Firm

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")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
n/a			

PART C – REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

See Attached

PART D – INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates 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
n/a	

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

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	n/a	n/a
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 training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING. N/A

PART H — EXPLANATION OF CHANGES

No secondary sources of income should have been entered in Part B since the income received from any additional source of income was not more than 10% of my gross income.

IF ANY OF PARTS A THROUGH H ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:

7/14/16

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 _____

Date Signed _____

FILING INSTRUCTIONS:

WHERE TO FILE:

Return the form to the location where you filed the Form 1 or 1F that you are seeking to amend.

Local officers should have filed with the Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor of the county where your agency had its headquarters.)

State officers or specified state employees' forms should be filed 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 should have filed their Form 1 together with their qualifying papers.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303; telephone (850) 488-7864.

Part C – Real Property (Land, buildings owned by the reporting person)

Lee County:

<u>Section</u>	<u>Township</u>	<u>Range</u>	<u>Description</u>	<u>Strap Number</u>
9	45	25	11030 Ben C Pratt	09-45-25-00-00001.0010
13	44	24	1605 Hendry St.	13-44-24-P4-01400.0070
13	44	24	2125 First Street	13-44-24-P4-00401.001B
29	44	25	4237 Avian Av	29-44-25-P3-00600.0380
35	43	25	5750 Palm Beach Blvd	35-43-25-00-00012.0000
35	43	25	South Side of Palm Beach Blvd.	35-43-25-00-00012.0020

Hendry County:

<u>Section</u>	<u>Township</u>	<u>Range</u>	<u>Description</u>	<u>Strap Number</u>
21	45	28	640 Acres on Church Rd..	28 45 21-A00-0001.0000

Charlotte County:

<u>Section</u>	<u>Township</u>	<u>Range</u>	<u>Description</u>	<u>Strap Number</u>
20	42	24		422420426001
21	42	24		422421400001
21	42	24		422421252007
21	42	24	32707 Oil Well Grade Rd.	422421252006
28	42	24	32699 Oil Well Grade Rd.	422428200002