## FORM 1

## STATEMENT OF

2019

Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE I			
MAILING ADDRESS:			
1745 Emerald Con	re Cir.		
Cape Coral	33991 Lee	,	
CITT	ZIP: COUNTY:		
NAME OF AGENCY: Lee County How	sing Authorites		
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		
Commitionar-App	vinte e	e Blogge A. C. Collect	
CHECK ONLY IF CANDIDATE O	R NEW EMPLOYEE OR A	PPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR MANNER OF CALCULATING RE			**** NG DECEMBER 31, 2019.
FILERS HAVE THE OPTION OF USING FEWER CALCULATIONS, OR USING (see instructions for further details).	IG REPORTING THRESHOLDS COMPARATIVE THRESHOLDS CHECK THE ONE YOU ARE USI	S, WHICH ARE USUALLY ING (must check one):	OLLAR VALUES, WHICH REQUIRES BASED ON PERCENTAGE VALUES
	_	OR DOLLAR	VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	WE [Major sources of income to the write "none" or "n/a")	reporting person - See instruc	tions]
NAME OF SOURCE OF INCOME	SOURC ADDRE		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
The MATIONS ASSI Chan	P.O. BOX1060, FOI	of Muones FI	CEO, Social Service
Ties	7.00	33902	Agene 4
	3802 Dr. Martin Lu	4 11:0	. , ,
	oses of maketing u	Ther King yo-	
		33916	
, <u>.</u>	ICOME ther sources of income to businesses write "none" or "n/a")	33916	n - See instructions]
[Major customers, clients, and o (If you have nothing to report,	ICOME ther sources of income to businesses	33916	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
[Major customers, clients, and o ( <b>If you have nothing to report,</b> NAME OF	ICOME ther sources of income to businesses write "none" or "n/a")  AME OF MAJOR SOURCES	33976 s owned by the reporting person ADDRESS	, PRINCIPAL BUSINESS
[Major customers, clients, and o ( <b>If you have nothing to report,</b> NAME OF  BUSINESS ENTITY	ICOME ther sources of income to businesses write "none" or "n/a")  AME OF MAJOR SOURCES	33976 s owned by the reporting person ADDRESS	, PRINCIPAL BUSINESS
IMajor customers, clients, and o (If you have nothing to report,  NAME OF NAME OF SUSINESS ENTITY	NCOME ther sources of income to businesses write "none" or "n/a")  AME OF MAJOR SOURCES OF BUSINESS' INCOME	33976 s owned by the reporting person ADDRESS OF SOURCE	, PRINCIPAL BUSINESS
IMajor customers, clients, and o (If you have nothing to report, NAME OF NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Land, building (If you have nothing to report, where the property is a second to the property of th	NCOME ther sources of income to businesses write "none" or "n/a")  AME OF MAJOR SOURCES OF BUSINESS' INCOME	See instructions]	PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the ines on this form. Attach additional
IMajor customers, clients, and o (If you have nothing to report,  NAME OF NAME	NCOME ther sources of income to businesses write "none" or "n/a")  AME OF MAJOR SOURCES OF BUSINESS' INCOME	See instructions]	PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the ines on this form. Attach additional sheets, if necessary.
IMajor customers, clients, and o (If you have nothing to report, NAME OF NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Land, building (If you have nothing to report, where the property is a second to the property of th	NCOME ther sources of income to businesses write "none" or "n/a")  AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE  See instructions]	PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the ines on this form. Attach additional
IMajor customers, clients, and o (If you have nothing to report, NAME OF NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Land, building (If you have nothing to report, where the property is a second to the property of th	NCOME ther sources of income to businesses write "none" or "n/a")  AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE  See instructions]	PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the ines on this form. Attach additional sheets, if necessary.  FILING INSTRUCTIONS for when and where to file this form are

PART D INTANCIPI E PERSONAL PROPERTIES	
PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"	(s, bonds, certificates of deposit, etc See instructions]
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY DELIVERY
Charles Schuph I	Envestments (Money Manket)
	Money market)
PART E — LIABILITIES [Major debts - See instructions]	
(If you have nothing to report, write "none"	or "n/a")
NAME OF CREDITOR	ADDRESS OF STREET
CapMAX Auto Finence	ADDRESS OF CREDITOR
The state of the s	POBOx 6045, Carol Stream, IR 60197
PART F INTEDESTS IN ORGANICO DIVINIO	60197
(If you have nothing to report, write "none" or	
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1  BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	11 - n)
POSITION HELD WITH ENTITY	1101
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 HA	AVE COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CO	ONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILER:	PARTICULE CITA SEPARATE SHEET, PLEASE CHECK HERE
Signature:	SIZE ATTORNET SIGNATURE ONLY
Signature:	in good standing with the Florida Bar proposed this for
	statement:
- g	Form 1 in accordance with Section 112.3145, Florida Statutes, and the
Date Signed:	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.
Aug. 23, 2020	CPA/Attorney Signature:
FILING INSTRUCTIONS:	Date Signed:
f you were mailed the form by the Commission on Ethics Supervisor of Elections for your annual disclosure filing orm to that location. To determine what extension	roturn II-
orm to that location. To determine what category your punder, see page 3 of instructions.	MULTIPLE FILING UNNECESSARY: A candidate who files a Form

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

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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

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, 2019.