## FORM 1

## STATEMENT OF

2016

Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME MIDDLE	MARIE S	heila	•		
_ 1500_MONRO	e ST_4th_	7/			
CITY N	ZIP: COUNTY:	1			
NAME OF AGENCY	33401	LEE			
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:				
You are not limited to the space on the line	es on this form. Attach additional she	ets, if necessary.			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE			
**** BOTH DISCLOSURE PERIOD:	PARTS OF THIS SECT	TION <u>MUST</u> BE COMPL	ETED ****		
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLE/EITHER (must check one):					
DECEMBER 31, 201	16 <u>OR</u> 🗆 SPECI	FY TAX YEAR IF OTHER THAN TI	HE CALENDAR YEAR:		
MANNER OF CALCULATING REPORTION OF USING CALCULATIONS, OR USING COMPATOR for further details). CHECK THE ONE	G REPORTING THRESHOLDS TRATIVE THRESHOLDS, WHICH	I ARE USUALLY BASED ON PER	/ALUES, WHICH REQUIRES FEWER		
	RCENTAGE) THRESHOLDS		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")					
		the reporting person - See instructio	nsj		
(If you have nothing to repo	rt, write "none" or "n/a")	URCE'S	ns]  DESCRIPTION OF THE SOURCE'S		
(If you have nothing to repo	rt, write "none" or "n/a")				
(If you have nothing to repo	rt, write "none" or "n/a")	URCE'S	DESCRIPTION OF THE SOURCE'S		
(If you have nothing to repo	rt, write "none" or "n/a")	URCE'S	DESCRIPTION OF THE SOURCE'S		
(If you have nothing to repo	rt, write "none" or "n/a")	URCE'S	DESCRIPTION OF THE SOURCE'S		
(If you have nothing to repo  NAME OF SOURCE OF INCOME  PART B SECONDARY SOURCES OF	SOI ADI	URCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PART B SECONDARY SOURCES OF [Major customers, clients, and	SOI ADI	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	SOU ADD  INCOME d other sources of income to busines ort, write "none" or "n/a")  NAME OF MAJOR SOURCES	URCE'S DRESS  sses owned by the reporting person -	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  See instructions]  PRINCIPAL BUSINESS		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	SOU ADD  INCOME d other sources of income to busines ort, write "none" or "n/a")  NAME OF MAJOR SOURCES	URCE'S DRESS  sses owned by the reporting person -	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  See instructions]  PRINCIPAL BUSINESS		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	SOU ADD SOURCES OF BUSINESS' INCOME	URCE'S DRESS  sses owned by the reporting person - ADDRESS OF SOURCE	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  See instructions]  PRINCIPAL BUSINESS		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	SOU ADD SOURCES of income to business of more with a more or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME SOU	URCE'S DRESS  sses owned by the reporting person - ADDRESS OF SOURCE  n - See instructions] Fill an	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  See instructions]  PRINCIPAL BUSINESS		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	SOU ADD SOURCES of income to business of more with a more or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME SOU	URCE'S DRESS  sses owned by the reporting person -  ADDRESS OF SOURCE  n - See instructions] FII an loc IN:	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  See instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  LING INSTRUCTIONS for when d where to file this form are		

		P			
PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write '		s of deposit, etc See in	structions]		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Nation Will Ketwery	int referrer	L COMP-	45'(B) Stocks		
	* Noncomment	*			
PART E — LIABILITIES [Major debts - See instruc (If you have nothing to report, write "					
NAME OF CREDITOR		ADDRE	SS OF CREDITOR		
Sun coast School Federal Credit Union & OBOX 10904 TAMPA FL 33680 NAVY FEDERAL CREDIT Union P.O. BOX 3000 Mercificial VAZZ					
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or position	s in certain types of bu	sinesses - See instructions]		
(If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY	1	i . A			
ADDRESS OF BUSINESS ENTITY	A				
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY	′ ۷/				
I OWN MORE THAN A 5% INTEREST IN THE BUSINI	ESS				
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.					
IF ANY OF PARTS A THROUGH G	and the second s				
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			
	Transmitted Barbara	she must complete the			
Marie & Therenen		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.			
Date Signed:					
6128117		CPA/Attorney Signature:			
		Date Signed:			
was a constraint of the same o	FILING INSTR	UCTIONS:			
WHAT TO FILE:	WHERE TO FILE:	the O	WHEN 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.

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.

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.