

Please print or type your name, mailing address, agency name, and position below:

**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
**THOMPSON II, MICHAEL, ALAN**

MAILING ADDRESS :  
**P.O. BOX 1076**

CITY : **ALVA** ZIP : **33920** COUNTY : **LEE**

NAME OF AGENCY :  
**ALVA FIRE CONTROL & RESCUE SERVICE DISTRICT**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**SEAT 4, BOARD OF COMMISSIONERS**

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**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
Sunrise Realty Network, Inc.	3507 Lee Blvd. #242, Lehigh Acres, FL	Real Estate

**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' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

**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 LIST OF VACANT LAND\***

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**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
NONE	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
QUICKEN LOANS	1050 Woodward Avenue, Detroit, MI 48226

**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	Addison Nicole, LLC	
ADDRESS OF BUSINESS ENTITY	PO Box 1076, Alva, FL 33920	
PRINCIPAL BUSINESS ACTIVITY	Real Estate	
POSITION HELD WITH ENTITY	Owner of IRA which owns LLC	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	Onwer of IRA which owns LLC	

**PART G — TRAINING**

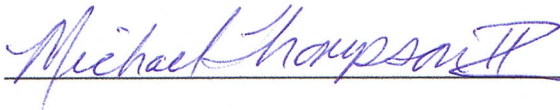
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

JULY 9, 2019

**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:**

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

Michael Thompson - Seat 4 Board of Fire Commissioners  
Alva Fire Control & Rescue Services District

**Property Address:**

2609 49th St. W., Lehigh Acres, FL  
459 Zimmerman Ave. S., Lehigh Acres, FL  
627 Flamingo Avenue, Lehigh Acres, FL  
625 Flamingo Avenue, Lehigh Acres, FL  
504 Cable Ave. S., Lehigh Acres, FL  
506 Cable Ave. S., Lehigh Acres, FL  
508 Cable Ave. S., Lehigh Acres, FL  
1104 Henry Ave., Lehigh Acres, FL  
319 Irving Ave., Lehigh Acres, FL  
1106 Grant Ave., Lehigh Acres, FL  
953 Elgin St., Lehigh Acres, FL  
195 Beckley Drive, Lehigh Acres, FL  
741 Ferguson Ave. S., Lehigh Acres, FL  
740 Fleming Ave. S., Lehigh Acres, FL  
724 Ashland St. E., Lehigh Acres, FL  
960 Lakeside Dr., Lehigh Acres, FL  
715 Newell St. E., Lehigh Acres, FL  
1505 Sally Ave S., Lehigh Acres, FL  
1711/1713 E. 12th St., Lehigh Acres, FL  
5137/5139 30th St SW, Lehigh Acres, FL  
2229/2231 Armour Rd., Lehigh Acres, FL  
4604/4606 24th St. S.W., Lehigh Acres, FL  
246/248 Pullman St., Lehigh Acres, FL  
538/540 Nimitz Blvd., Lehigh Acres, FL  
1915 Hamilton Avenue, Lehigh Acres, FL  
4203 E. 21st Street, Lehigh Acres, FL  
1414 Hibiscus Avenue, Lehigh Acres, FL  
3001 33rd St. W., Lehigh Acres, FL  
626 Locust Ave. S., Lehigh Acres, FL  
628 Locust Ave. S., Lehigh Acres, FL  
694 Chestnut Cove, Salusbuy, TN  
Rio del Oro U 16 Blk 30 Lot 6, New Mexico  
Rio del Oro U 5 Blk 65 Lot 33, New Mexico