| FORM 1 | | MENT OF | REC | 2017 | |
|--|--|---------------------------------|---|--|--|
| Please print or type your name, mailing address, agency name, and position below | FINANCIAL | INTERESTS | 9 J N | FOR OFFICE USE ONLY: | |
| MAILING ADDRESS: | DLÉNAME: EUR Hans | | | n specificals Hassef,FL 12 | |
| Fort Myers E | oad -C 33967 LE | E | | 之 201 2 | |
| San Carlos Fire county: | | | | 11058 | |
| NAME OF AGENCY: Fire Commissione Seat-5 NAME OF OFFICE OR POSITION HELD OR SOUGHT: | | | | 18JUNZ1AM1028 SOE Lee CoF | |
| You are not limited to the space on the CHECK ONLY IF CANDIDATE | ilines on this form. Attach additional she | | | Ή | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO | H PARTS OF THIS SECTION OF THI | THE PRECEDING TAX YEA | R, WHETI | HER BASED ON A CALENDAR | |
| DECEMBER 31, | 2017 <u>OR</u> 🗆 SPEC | IFY TAX YEAR IF OTHER TH | AN THE C | ALENDAR YEAR: | |
| CALCULATIONS, OR USING COM for further details). CHECK THE C | EPORTABLE INTERESTS: SING REPORTING THRESHOLDS IPARATIVE THRESHOLDS, WHICHINE YOU ARE USING (must check (PERCENTAGE) THRESHOLDS | HARE USUALLY BASED ON Hone): | I PERCEI | JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions JE THRESHOLDS | |
| | INCOME [Major sources of income to eport, write "none" or "n/a") | the reporting person - See ins | tructions] | | |
| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| Millennium Decorative (| vam 17470 Jean st F | 17470 Jean St FTMY115 Fc 33967 | | manage/owner. | |
| | | | | | |
| | | | | | |
| | S OF INCOME , and other sources of income to busine report, write "none" or "n/a") | esses owned by the reporting pe | erson - See | instructions] | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| NA | | | | | |
| 4 | | | | | |
| PART C - REAL PROPERTY [Land | on - See instructions] | FILIN | G INSTRUCTIONS for when | | |
| (If you have nothing to report, write "none" or "n/a") | | | | there to file this form are ed at the bottom of page 2. | |
| 9100 Cypress dr N FTVMYers FL 33967 17525 Phlox dr FTVMYers FL 33967 9155 Aster rd FTVMYers FL 33967 | | | | RUCTIONS on who must file orm and how to fill it out on page 3. | |
| 9155 Aster rd | 33967 | | | | |

| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF CREDITOR QUICKEN LOCKS PO BOX 447355 Detroit MT 48244. PO BOX 10335 Des Mones, TA 50306-0335— 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 #1 BUSINESS ENTITY #2 NAME OF BUSINESS ENTITY 17470 Jean st FT Myers FC 33967 PRINCIPAL BUSINESS ENTITY Manufacture # Tinstall POSITION HELD WITH ENTITY Manufacture # Tinstall POSITION HELD WITH ENTITY Manufacture # Tinstall POSITION HELD WITH ENTITY Manufacture # Tinstall FOR TOWN MORE THAN A 5% INTEREST IN THE BUSINESS OON Owner NATURE OF MY OWNERSHIP INTEREST OON Owner SIGNATURE OF FILER: SIGNATURE OF FILER: SIGNATURE OF FILER: Signature: Tapered the Cepture of the complete the following statement: prepared the Cepture Product of the Cepture Pro | TYPE OF INTANGIBLE | ne" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
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| (If you have nothing to report, write "none" or "n/a") NAME OF CREDITOR PO Box 442355 Defroit, MI 48244. Will Fave Po Box 10335 Des Mones, IA 50 306-0335- 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 #1 BUSINESS ENTITY #2 ADDRESS OF BUSINESS ENTITY 17470 Jean st FT Mycis Fc 3396-7 PRINCIPAL BUSINESS ACTIVITY Manufacture # Install POSITION HELD WITH ENTITY Manufacture # Install FOSITION HELD WITH ENTITY Manufacture # Install PART G — TRAINING For elected municipal of ficers required to complete annual ethics training pursuant to section 112.3142, F.S. LI 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 OF FILER: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared the Set she must complete the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: Date Signed: CPA/Attorney Signature: Date Signed: | NA | BUSINESS ENTIT TO WAICH THE PROPERTY RELATES | | | | |
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oupervisor or 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

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 both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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

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, 2017.



FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS R.A. Gray Building 500 South Bronough Street, Rm 316 Tallahassee, Florida 32399





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