FORM 1F

# FINAL STATEMENT OF **FINANCIAL INTERESTS**

2020

(10 BE FILED V	VIIHIN	OU DAYS OF LEAV	ING PUBLIC OFFI	CE OR	EMPLOYMENT)			
LAST NAME — FIRST NAME — MIDI	DLE NAME	:	NAME OF REPORTING F	ERSON'S	AGENCY:			
TURNER WILLIA	M	VINCENT	LEE COUNTY CO	NSTRUC	CTION LICENSING			
MAILING ADDRESS: 611 SE 30TH STREET		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):						
011 SE 301H STREET			LOCAL OFF		STATE OFFICER PLOYEE			
OUT /		00111771	LIST OFFICE OR POSITI	ON HELD:				
CITY: ZIP: CAPE CORAL 339	204	COUNTY: LEE	BOARD MEMBER					
OAI E OOTAE 333	70-7							
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED***  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2020 AND THE LAST DATE I HELD THE PUBLIC								
OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS OCT 31 , 2020. (Date must be prior to 12/31/20)								
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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):								
COMPARATIVE (PER	RCENTAGE	THRESHOLDS	OR U DO	LLAR VAL	UE 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				
TURNER ALUMINUM INC.					INUM CONSTRUCTION			
			Part A	IN	ΔΙ			
				1 1 1				
			DL	DI	TOT			
			- RE		JN			
PART B SECONDARY SOURCES OF INCOME  [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")  NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS								
BUSINESS ENTITY	l oi	F BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE			
NT/A								
N/A								
PART C REAL PROPERTY [Language of the control of	and w	G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.						
N/A IBUW090S 20E Fee Co E1					RUCTIONS on who must file orm and how to fill it out on page 3 of this packet.			

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "non	[Stocks, bone" or "n/a")	ds, certific	cates of deposit, etc See	instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A					
PART E — LIABILITIES [Major debts - See instructio (If you have nothing to report, write "non-					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
N/A					
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "none		hip or pos	sitions in certain types of bu	isinesses - See instructions)	
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1			BUSINESS ENTITY # 2	
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			***		
IF ANY OF PARTS A THROUGH F AR	E CONTINU	JED ON	A SEPARATE SHEE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature:  WILLIAM V TURNER  Date Signed:  11/14/2020			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,		
			NCTIONS.		

### WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

### WHERE TO FILE:

Local officers 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

### FILING INSTRUCTIONS:

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

#### NOTE:

If you are leaving office or employment during the first half of 2020, you may not have filed Form 1 for 2019. In that case, this is not the last form you will file. Form 1F covers January 1, 2020, through your last day of office or employment. You will be required to file Form 1 for 2019 by July 1, 2020, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

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## Lee County Administration

2115 Second Street, Fort Myers, FL 33901 Phone (239) 533-2221 Monday, November 2, 2020

Mr. William Turner 611 SE 30th Street Cape Coral, FL 33904

**RE** Construction Licensing

Dear Mr. Turner:

We are in receipt of your resignation from the above mentioned advisory committee.

The 2000 Legislature adopted certain amendments to Florida Statutes that affect persons required to file Financial Disclosure Form 1. Since you were required to file a Form 1, you are now required to file a final statement of financial interest (Form 1F) within 60 days after leaving office and/or public position, unless you are assuming a new position that would require a financial disclosure.

These forms are available, and must be filed, at the Supervisor of Elections Office, 2480 Thompson Street, Fort Myers, FL 33901, phone number 533-8683, or with the Supervisor of Elections of the county in which you permanently reside. Lee County residents may email the form to <u>disclosure@lee.vote</u> or should mail the form to:

Supervisor of Elections P.O. Box 2545 Fort Myers, FL 33902-2545

The Board of County Commissioners wishes to express their sincere appreciation for your service on this committee. Lee County is very fortunate to have dedicated and concerned citizens who will volunteer their valuable time in striving to help make Lee County a better place for all of our residents and visitors. We hope to have the opportunity of working with you again in the future.

Thank you for your volunteer spirit.

Sincerely, Lee County Administration

Sent on behalf of the BOARD OF COUNTY COMMISSIONERS LEE COUNTY, FLORIDA

WILLIAM TURNER 611 SE BOTH ST CAPECORAL EC35904

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SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS, FL. 33902-2545