W

FORM I			MENT OF		2019
Please print or type your name, m address, agency name, and position	on below:		L INTEREST	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME Visaggio					
MAILING ADDRESS :	Mathew	Paul			
13672 Fern Trail Drive					
CITY:		ZIP: COUNTY			
North Fort Myers	3	3903 COUNTY	(:		
NAME OF AGENCY: Lee County Department					
NAME OF OFFICE OR POSIT	TON HELD	OR SOUGHT:			
Affordable Housing Adv	THE PARTY OF THE P	ommittee Board Memb	er		
CHECK ONLY IF CAND	IDATE O	NEW EMPLOYEE	OR APPOINTEE		
DISCLOSURE PER	***;	THIS SECTION MI	JST BE COMPLETE	D ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLEC	TS YOUR				
				NDING D	ECEMBER 31, 2019.
MANNER OF CALCULA FILERS HAVE THE OPTION	OF USIN	IG REPORTING THRESHO	I DS THAT ADE ADOQUE	E DOLL	AR VALUES, WHICH REQUIRES
					AR VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES
	otalis). O	CENTAGE) THRESHOLDS	USING (must check one	):	
PART A PRIMARY SOURCES	OF INCOM	ME [Major sources of income t		LAK VAL	UE THRESHOLDS
( )	to report,	write "none" or "n/a")	o the reporting person - See In	structions	
NAME OF SOURCE OF INCOME		1	DURCE'S DDRESS	D	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Visaggio & Co., LLC		13672 Fern Trail Driv	ve, NFM, FL 33903	1	Relations Firm
FSW			Fort Myers, FL 33919		et Faculty
SNHU		2500 N. River Rd. Ho		1	et Faculty
PART B SECONDARY SOUR [Major customers, clie (If you have nothing	ents, and of	COME her sources of income to busine write "none" or "n/a")	esses owned by the reporting p	erson - See	e instructions]
NAME OF BUSINESS ENTITY	NA (	ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
isaggio & Co., LLC	Fort M	yers Christian School 1550 Colonial Blvd		FM	Private School
isaggio & Co., LLC		ee County Homeless Coali 1500 Colonial Bly			Homeless Coalition
isaggio & Co., LLC	Literac	cy Council Gulf Coast	26820 Old 41, Bonita		Nonprofit Agency
PART C REAL PROPERTY [La (If you have nothing to	ind, building	is owned by the reporting perso	n - See instructions]	You are	e not limited to the space on the n this form. Attach additional if necessary.
				FILING and wh	INSTRUCTIONS for when nere to file this form are dat the bottom of page 2.
				this for	JCTIONS on who must file rm and how to fill it out on page 3.

N

PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no	stocks, bonds, certifica	ates of deposit, etc See ir	nstructions]	
TYPE OF INTANGIBLE	ne or n/a )	DI ISINESS ENTITY TO		
None		DOSINESS ENTITY IO	WHICH THE PROPERTY RELATES	
· · · · · · · · · · · · · · · · · · ·				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	ns] ne" or "n/a")			
NAME OF CREDITOR	1	ADDRE	SS OF OPENITOR	
Suncoast FCU	PO Box 11904, Tampa, FL 33680			
	TO DOM III	, Tampa, TL 33000		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none") NAME OF BUSINESS ENTITY	or ma)	ons in certain types of bus	sinesses - See instructions]  BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY	na			
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
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 and	HAVE COMPL	ETED THE REQU	JIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED OF	N A SEPARATE SHE	ET, PLEASE CHECK HERE	
Signature:  Date Signed:  6/17/2020	<u>R:</u>	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:		Date Signed:		
TEMO 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), 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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

W

Name of	Name of major sources	Address of source	Principal Business Activity
business entity	of business' income		of Source
Visaggio & Co.,	Habitat for Humanity of	1288 N. Tamiami Trail	Affordable Home Builder
LLC	Lee & Hendry Counties	North Fort Myers, FL 33903	and david Home Bander
Visaggio & Co.,	Land Perc	5475 Lee St Suite #302,	Environmental/Soil
LLC		Lehigh Acres, FL 33971	Percolation
Visaggio & Co.,	National Center for	20 F St NW #700,	Think Tank
LLC	Public Policy Research	Washington, DC 20001	