

**(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)**

18 MAY 11 AM 09:47 SDE Lee Co FL

LAST NAME — FIRST NAME — MIDDLE NAME: Wasser - Brian - John			NAME OF REPORTING PERSON'S AGENCY: East Bonita Beach Road CDD		
MAILING ADDRESS: 21 Belterra Dr			CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE		
CITY: Simpsonville	ZIP: 29681	COUNTY: Greenville	LIST OFFICE OR POSITION HELD: <u>board member</u>		

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

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2018 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 5/7/2018, 2018. (Date must be prior to 12/31/18)

**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 (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
D. R. Horton	Six Mile Cypress Fort Myers FL	builder

**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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")


**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 of this packet.

**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
fsdfs	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

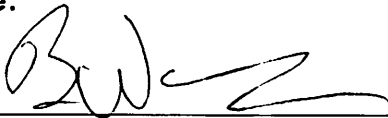
**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

5/7/18

**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:**

**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

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.

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 2018, you may not have filed Form 1 for 2017. In that case, this is not the last form you will file. Form 1F covers January 1, 2018, through your last day of office or employment. You will be required to file Form 1 for 2017 by July 1, 2018, 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.

**NOTICE OF TENDER OF RESIGNATION**


To: Board of Supervisors  
East Bonita Beach Road Community Development District  
Attn: Chuck Adams, District Manager  
2300 Glades Road, Suite 410W  
Boca Raton, Florida 33431

From: Brian Wasser  
Printed Name

Date: 5/7/18  
Date

I hereby tender my resignation as a member of the Board of Supervisors of the *East Bonita Beach Road Community Development District*. My tendered resignation will be deemed to be effective as of the time a quorum of the remaining members of the Board of Supervisors accept it at a duly notice meeting of the Board of Supervisors, effective immediately.

I certify that this Notice of Tender of Resignation has been executed by me and  faxed to 561-571-0013 or  scanned and electronically transmitted to [gillyardd@whhassociates.com](mailto:gillyardd@whhassociates.com) and agree that the executed fax or email copy shall be binding and enforceable as an original.

  
Signature

# FedEx Package Express US Airbill

Tracking Number **81223 9336 1619**

1 From **5/19/18**

Sender's Name **FRANK WASSER** Phone **804 751-9920**

Company \_\_\_\_\_

Address **100 N. Springe Blvd** **42401**

City **Greenville** State **SC** ZIP **29601**

## 2 Your Internal Billing Reference

3 To Recipient's Name \_\_\_\_\_ Phone \_\_\_\_\_

Company **Supervisor of Emulsion**

Address **101 York** **295**

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_



8123 9336 1619

Form No. **0200**

18MAY11PM094750E1 eeLGEI

## 4 Express Package Service

Next Business Day **2 or 3 Business Days**

**FedEx First Overnight**  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

**FedEx Priority Overnight**  
Next business morning. \* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

**FedEx Standard Overnight**  
Next business afternoon. \* Saturday Delivery NOT available.

## 5 Packaging

**FedEx Envelopes\***  **FedEx Pak\***  **FedEx Box**  **FedEx Tube**  **Other**

## 6 Special Handling and Delivery Signature Options

**Saturday Delivery**  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

**No Signature Required**  
No signature required for delivery.

**Direct Signature**  
Signature required at recipient's address. May sign for delivery.

**Indirect Signature**  
If no one is available at recipient's address, signature may sign for delivery. For residential deliveries only.

**Does this shipment contain dangerous goods?**  
One box must be checked.

**No**  **Yes**  
As per attached Shipper's Declaration.  **Shipper's Declaration** not required.

**Dry Ice**  **Dry Ice 3.0U 155**  **Cargo Aircraft Only**

**Functions apply for dangerous goods — see the current FedEx Service Guide.**

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

**Sender**  **Third Party**  **Credit Card**  **Cash/Check**

**Asst. Mgr. or Sec'n**  **Recipient**  **Shipper's Declaration**  **Dry Ice**  **3.0U 155**  **Cargo Aircraft Only**

**Total Packages** \_\_\_\_\_ **Total Weight** \_\_\_\_\_ lbs.

**Credit Card Acct.** \_\_\_\_\_

**644**