FORM 1	STATEN	STATEMENT OF		2016		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERES	STS	FOR OFFICE USE ONLY:		
LAST NAME MIDE	La Kate			. •		
MAILING ADDRESS : 513 SE 3						
Cape Coral	FL 339	04		2		
CITY:	ZIP: COUÑTY:	* '	. * * * * * * * * * * * * * * * * * * *			
NAME OF AGENCY: Lee (4						
NAME OF OFFICE OR POSITION H	OFFICE SOUGHT:					
You are not limited to the space on the CHECK ONLY IF CANDIDATE	ines on this form. Attach additional sho					
**** 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, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:						
MANNER OF CALCULATING REFILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMFOR further details). CHECK THE OF	ING REPORTING THRESHOLDS PARATIVE THRESHOLDS, WHICH	ARE USUALLY BAS				
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		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Le County Boar	· 1500 May	1500 Mayrae St.		Local Govit		
Ft. Myus FL 33904						
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			· · · · · · · · · · · · · · · · · · ·		
NA						
		1				
DART C. REAL PROPERTY II and A	uildings award by the reporting person	n Socinetructional	Market state of the state of the			
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						
Honewer - Mostgages - 513 SE JAM Ter located at the bottom of page 2 INSTRUCTIONS on who must fill this form and how to fill it out begin on page 3.						
			begin	on page 3.		

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PART D — INTANGIBLE PERSONAL PROPERTY [Store	oke hande cartificator	of deposit, etc See instructions!						
PART D — INTANGIBLE PERSONAL PROPERTY [Store [Store Propert, write "none [Store Propert, write "none [Store Propert, write "none [Store Property Property [Store [Store Property [Store Property [Store Property [Store [Store Property [Store Property [Store Property [Store Property [Store Property [Store Property [Store [Store Property [Store [Store Property [Store [Store Property [Store [Store [Store [Store Property [Store [St	e" or "n/a")	s of deposit, cto. Gee mandellong						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
NA	(33333333333333333333333333333333333333							
PART E — LIABILITIES [Major debts - See instructions]	· .						
(If you have nothing to report, write "none	e" or "n/a")							
NAME OF CREDITOR	ADDRESS OF CREDITOR							
Nationster mortice	لتندر	eville TX						
Suncord Schole C.U	. 12	mgs FL						
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")	S ENTITY # 1 BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY	440-818-11000000000000000000000000000000							
ADDRESS OF BUSINESS ENTITY	THE STATE OF THE S							
PRINCIPAL BUSINESS ACTIVITY	AND THE RESIDENCE OF THE PARTY							
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 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 FILE	R:	CPA or ATTORNEY SIGNATURE ONLY						
	If a certified public accountant licensed under Chapter 473, or attorney							
Signature:		in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:						
		I,, prepared the (
Date Signed:		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.						
Date Signed:	· &							
1.4/19		CPA/Attorney Signature:						
		Date Signed:						
FILING INSTRUCTIONS:								
TAKE		AUTO TO THE						

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

NOTE:

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.

Facsimiles will not be accepted.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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, 2016.