FORM 1	STATEN	STATEMENT OF		2019	
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	FINANCIAL INTERESTS		R OFFICE USE ONLY:	
LAST NAME FIRST NAME MID					
MAILING ADDRESS:	<i>W</i> .				
905 SW 22 nonack				•	
CITY: CAPE CORAL	KK				
NAME OF AGENCY: LKK COUNTY PORT BUTHURITY					
NAME OF OFFICE OR POSITION HELD OR SOUGHT:					
FIRE CHIEF					
CHECK ONLY IF CANDIDATI	OR V NEW EMPLOYEE OF	RAPPOINTEE			
MANNER OF CALCULATING FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR U (see instructions for further detail	YOUR FINANCIAL INTERESTS FOR REPORTABLE INTERESTS: USING REPORTING THRESHOLISING COMPARATIVE THRESHOLIS). CHECK THE ONE YOU ARE (PERCENTAGE) THRESHOLDS	: .DS THAT ARE ABSOLUTE DLDS, WHICH ARE USUALI USING (must check one):	DOLLAR VAL	UES, WHICH REQUIRES I PERCENTAGE VALUES	
	INCOME [Major sources of income to eport, write "none" or "n/a")	the reporting person - See instr	ructions]		
NAME OF SOURCE OF INCOME	l so	OURCE'S DESCRIPTION OF THE SOURCE'S ODRESS PRINCIPAL BUSINESS ACTIVITY			
LER COUNTY PORT AUTHORIS	1 11000 TERMINAL ACCESS	PS FT MYERS FL 339A3 Commenced MINDONT			
		The state of the s			
	S OF INCOME , and other sources of income to busine report, write "none" or "n/a")	sses owned by the reporting per	rson - See instru	ictions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE			
NLA	NA	NLA	NlA NlA		
PART C REAL PROPERTY [Land (If you have nothing to r	You are not limited to the space on the lines on this form. Attach additional				
Home - 905 50 22 00	(fl 3399/	sheets, if necessary.  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.		

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					
NIA	NIB					
NA	٨l	チ				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
NID	NIA					
NIA	NIA					
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 # 2						
NAME OF BUSINESS ENTITY	NIA		NIA			
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						
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				
Signature:  Date Signed:	in s	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,				
5/26/2020		Date Signed:				
FILING INSTRUCTIONS:	edito de la recei de del traper la del massa en el assente de la como					

## <u>FILING INSTRUCTIONS:</u>

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 filling 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.