

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

Susan R Ellis #254553
Lakewood Ranch CDD 6
Board of Supervisors
CITY : 12033 Thornhill Ct
Lakewood Rch FL 34202

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Lakewood Ranch CDD 6 Board Seat #3

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

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**** 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):

[X] DECEMBER 31, 2017 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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). CHECK THE ONE YOU ARE USING (must check one):

[X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include Social Security and Everbank.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row contains N/A.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

12033 Thornhill Court Lakewood Ranch
Bradenton, Fl. 34202

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
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Ally (car payment)	PO Box 78234 Phoenix, AZ 85062-8234

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	N/A	
ADDRESS OF BUSINESS ENTITY	N/A	
PRINCIPAL BUSINESS ACTIVITY	N/A	
POSITION HELD WITH ENTITY	N/A	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	
NATURE OF MY OWNERSHIP INTEREST	N/A	

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 FILER:

Signature:

Susan R. Ellis

Date Signed:

June 7, 2018

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:

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) and send it to CEForm1@leg.state.fl.us. 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

Effective June 7, 2018

Fidelity Investments
(Morningstar Investment Services)
22 West Washington Street
Chicago, IL 60602

William A. Ellis, IRA

Blackrock Inflation Protected Bond Portfolio Class A
Doubleline Total Return Bd Fd CI N
Ev Glb Macro Absolute Ret Fd CI A
Fidelity Cash Reserves Fund
Harbor High Yield Bond Investor Fd
Pimco Total Return Fund Class D
Pimco Unconstrained Bond Fund Class D
T Rowe Price Short Term Bond Fund Advisor Class
Templeton Global Total Return A

Securian
(Minnesota Life Insurance Company)
400 Robert Street N
St. Paul, MN 55101

William A. Ellis, IRA

AmerFds IS Intl
Inv VI AmerValue
Ivy VIP Asset Str
Ivy VIP CoreEqty
Ivy VIP MidCpGro
Ivy VIP Sci&Tech
Janus Asp OvrS SS
PIMCO Total Return
SFTAdv Bond C2
SFTAdv Index 500 C2
SFTAdv RI Est Sec C2

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SECURIAN

WILLIAM AND SUSAN ELLIS INVESTMENTS

Principal Funds
30 Dan Road
Canton, MA 02021

William A. Ellis Rollover IRA

SAM BALANCED PORTFOLIO A (SABPX)

Equity Institutional
1 Equity Way
Westlake, OH 44145

William A. Ellis, IRA

Cash Balance
Laeroc 2002 Income Fund, L.P.

Pershing LLC
6600 Rockledge Drive
Suite 600
Bethesda, MD 20817

William A. Ellis & Susan R. Ellis, JTWROS

Cash Balance
Franklin Gold And Precious Metals Fund Class A (FKRCX)

William A. Ellis, IRA

Behringer Harvard Opportunity Reit I Inc Com Stk
Cypress Equipment Fund Viii Llc
Global Macro Trust Limited Partnership
Hines Reit Inc Com Stk
Inland American Real Estate Trust Inc Com Stk
Piedmont Office Rlty Tr Inc Com Cl A
Principal Sam Balanced Portfolio Class A
Principal Sam Flexible Income Portfolio Fund Cl A
Reserve Insured Deposits (Fdic Insured)
Retail Pptys Amer Inc Cl A

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