FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS

MAY 26 2017

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**********AUTO**MIXED AADC 323 T7 P1 36 1111
Hon Thomas (Tom) Lee
State Senator, 20th District
Senate
Elected Constitutional Office
915 Oakfield Dr Ste D
Brandon, FL 33511-4926

ID Code
ID No. 4139
Conf. Code C
Lee, Thomas (Tom)

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2016 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, , 20 16 was $ 3,388,100.-.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 75,000.-

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached - Schedule "A"	4,527,380.-

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached - Schedule "A"	1,139,280.-

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2016 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See attached - Schedule "B"		276,326.-

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See attached - Schedule "C"			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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 F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete.

Tom Lee

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

CATHERINE MARIE THOMPSON MY COMMISSION EXPIRES January 9, 2020 FF 012541

STATE OF FLORIDA
COUNTY OF Hillsborough

Sworn to (or affirmed) and subscribed before me this 23 day of May, 20 17 by Tom Lee.

(Signature of Notary Public--State of Florida)

Catherine M. Thompson
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ *OR* Produced Identification _____

Type of Identification Produced _____

If a certified public accountant licensed under Chapter 470 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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ Signature

_____ Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

Schedule "A"
TOM LEE
Financial Statement
as of December 31, 2016

ASSETS:

Bank of Tampa- Checking (PO Box One Tampa, FL 33601)	$ 84,870.00	
Bank of Tampa- Checking	1,175.00	
Suntrust Bank- Checking (403 W. Brandon Blvd. Brandon, FL 33511)	19,965.00	
US Ameribank (668 Oakfield Dr., Brandon, FL 33511)	10,000.00	
Ameritrade Account (See Schedule "A-1") (PO Box 2209, Omaha, NE 68103)	562,395.00	
Personal Residence (address redacted pursuant to Sec. 119.071(4)(d), F.S.)	930,000.00	
Residential Property [redacted]	850,000.00	
Lithia Properties- Stock (20% Owner) (PO Box 1592, Brandon, FL 33509)	150,000.00	
TAL Holdings, LLC (99% Owner) PO Box 2743, Brandon, FL 33509)	1,450,000.00	
Sabal Homes of FL, Inc- Stock (915 Oakfield Dr., Brandon, FL 33511)	150,000.00	
Bank of Tampa (1000 sh @ $100.00)	100,000.00	
Ameritrade IRA (See Schedule "A-1")	143,975.00	
Household Goods & Personal Effects	75,000.00	
TOTAL ASSETS		**$ 4,527,380.00**

LIABILITIES:

Anna M. Lee, (Note Payable, 915 Oakfield Dr., Suite-H, Brandon, FL 33511)	$ 452,900.00	
Residence (redacted under CH. 119.07 (4)(d), F.S. Suntrust Mortgage, Inc. PO Box 26149 Richmond, VA 23260)	676,210.00	
Ford Motor Credit (P.O. Box 390910, Minneapolis, MN 55439)	10,170.00	
TOTAL LIABILITIES		**$ 1,139,280.00**
NET WORTH		**$ 3,388,100.00**
TOTAL Liabilities AND NET WORTH		**$ 4,527,380.00**

Schedule "A-1"
Tom Lee
Brokerage Account Holdings
as of December 31, 2016

TD Ameritrade:

Security	Number of Shares	Price Per Share	Market Value
Apple	1500	115.8200	$173,730.00
Bank of America	10000	22.1000	221,000.00
BAC Jan20 17 $18 C	-5000	4.1682	(20,841.00)
BAC Jan20 17 $20 P	-5000	0.0834	(417.00)
Blackberry LTD	1000	6.8900	6,890.00
Facebook	500	115.0500	57,525.00
GS Jan 20 17 $165 P	-1000	0.0143	(14.30)
Nokia	3000	4.8100	14,430.00
Potash	2000	18.0900	36,180.00
Cash			73,912.78
			$562,395.48

TD Ameritrade- IRA:

Apple	100	115.8200	$11,582.00
Bank of America	4000	22.1000	88,400.00
Citigroup	200	59.4300	11,886.00
Intel	100	36.2700	3,627.00
MYGO Games	4000	0.0007	2.80
Nokia	2000	4.8100	9,620.00
Penny JC Co, Inc.	200	8.3100	1,662.00
Potash	200	18.0900	3,618.00
Cash			13,577.92
			$143,975.72

Schedule "B"
TOM LEE
Sources of Income
Calandar Year 2016

SOURCES:		AMOUNT
Sabal Homes of FL, Inc. (P.O. Box 951 Brandon, FL 33509)		$ 56,250.00
State of Florida, (200 E. Gaines St. Tallahassee, FL 32399-0356)		26,646.00
Bank of Tampa- Advisory Fees (P.O. Box One, Tampa, FL 33601)		4,500.00
Lithia Properties, Inc. (P.O. Box 1592 Brandon, FL 33509)		8,615.00
TAL Holdings, LLC (P.O. Box 2743 Brandon, FL 33509)		112,330.00
Dividend on Common Stock:		
Apple	$ 3,570.00	
Bank of America	3,500.00	
Bank of Tampa	1,150.00	
Nokia Corp.	1,450.00	
Potash Corp.	2,155.00	11,825.00
Capital Gains:		
Apple- Common Stock	49,515.00	
Apple- Jan 20 2017 $105 Put	2,385.00	
TECO- Common Sock	4,260.00	56,160.00
TOTAL		**$ 276,326.00**

Schedule "C"
TOM LEE
Secondary Sources of Income
Calendar Year 2016

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCE OF INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
LITHIA PROPERTIES	SELLMER MEETINGS & INCENTIVES	2228 LITHIA CENTER LN VALRICO, FL 33596	MARKETING & PROMOTIONS
LITHIA PROPERTIES	HOUSE MOVERS, INC. A/K/A SIGNATURE REALTY ASSOCIATES	2234 LITHIA CENTER LN VALRICO, FL 33596	REAL ESTATE BROKERAGE
LITHIA PROPERTIES	RONALD S. HAYNES, P.A.	2240 LITHIA CENTER LN VALRICO, FL 33596	ATTORNEY
LITHIA PROPERTIES	FIDELITY NATIONAL TITLE		TITLE INSURANCE