

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Bengston, Benjamin Arthur

MAILING ADDRESS :
5531 Halifax Avenue

CITY : ZIP : COUNTY :
Fort Myers FL 33912

NAME OF AGENCY :
South Trail Fire Protection and Rescue Service District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Fire Chief

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

PM 3/6

18111107/1103775/E Lee Co F

**** **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, 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):

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
South Trail Fire District	5531 Halifax Ave Fort Myers, FL. 33912	Fire Chief (Employer)

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	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none	none	none	none
none	none	none	none
none	none	none	none

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

none	+
none	
none	

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
Savings/Checking/HSA	Suncoast Credit Union
PEHP, Mutual Fund	Nationwide Retirement

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Auto Finance (truck)	PO Box 9001801 Louisville, KY 40290
Amercian Financial Resource Mortgage	PO Box 37628 Philadelphia, PA 19101

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 #	
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	none	none
PRINCIPAL BUSINESS ACTIVITY	none	none
POSITION HELD WITH ENTITY	none	none
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	none	none
NATURE OF MY OWNERSHIP INTEREST	none	none

PART G — TRAINING

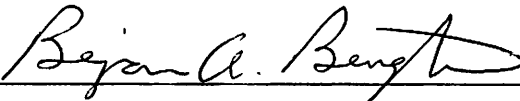
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:



Date Signed:

March 6, 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.



SOUTH TRAIL FIRE PROTECTION & RESCUE SERVICE DISTRICT

Established 1965

"Compassion, Commitment, Courage"

15MFR07AM0937 SDE Lee Co FI

Board of Commissioners

Edwin C Sokel, Jr.
Chairman

Larry Hirshman
Vice-Chairman

John F. Anderson II
Secretary-Treasurer

Jeff Haugh
Commissioner

Ron Tarantino
Commissioner

Administration

William B. Lombardo
Chief

Benjamin A. Bengston
Assistant Chief

Supervisor of Elections
PO Box 2545
Ft. Myers, FL 33902

March 6, 2018

Dear Mr. Doyle,

Attached is Form 1 Statement of Financial Interests 2017.

Please accept this correspondence as my official request for confidentiality under Section 119.071(4)(2.b)F.S.. I am a firefighter certified in compliance with s.633.408.

The address listed on Form 1 is that of the main headquarters of the Fire District.

Please advise should you need further information.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Bengston".

Benjamin A. Bengston
Fire Chief

Administration

Phone: 239.433.0080
Fax: 239.433.1941

Prevention

Phone 239.482.8030
Fax: 239.433.2185

Safety House

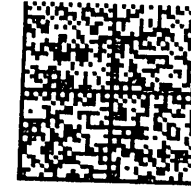
Phone: 239.936.5281



**SOUTH TRAIL FIRE PROTECTION &
RESCUE SERVICE DISTRICT**

5531 Halifax Avenue
Fort Myers, Florida 33912-4403

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FL 339
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PM 6 L



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First-Class

Mailed From 33912
03/06/2018
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Lee County Supervisor of Elections
PO Box 2545
Fort Myers, FL. 33902

33902-254545

