FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2014

| (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT) | | | |
|--|--|--------------------------------------|--|
| LASTNÁME — FIRST NAME MIDOLE NAME: | NAME OF REPORTING PERSON'S AGENCY: | | |
| BENNETT MARGARET | Lee County Bons | es of County Commusioner | |
| MAILING ADDRESS: SE 18th PLACE | CHECK ONE OF THE FOLLOWING | (see "Who Must File" on page 3): | |
| | LOCAL OFFICER SPECIFIED STATE EMP | STATE OFFICER PLOYEE | |
| COLINDA | LIST OFFICE OR POSITION HELD: | | |
| CAPE CORPAL 33904 LEE | OFFICE MANAGER | | |
| ***BOTH PARTS OF THIS SECTION MUST BE COMPLETED*** | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2014 AND THE LAST DATE I HELD THE PUBLIC | | | |
| OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS | | 14. (Date must be prior to 12/31/14) | |
| 1 | est office 1/5/15 | | |
| THE COLLAR OF THE COTION OF HEING DEPOPTING THRESHOLDS | THAT ARE ARSOLLITE DOLLAR VAL | LUES, WHICH REQUIRES FEWER | |
| CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS | USUALLY BASED ON PERCENTAGE | VALUES (see instructions for further | |
| COMPARATIVE (PERCENTAGE) THRESHOLDS | 6 (1 16 9. 11 | UETHBESHOLDS | |
| COMPANAITYE (FENCETIAGE) TITLEGIGEDO | 55 | 78 78 78 | |
| PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person Sections] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY | | | |
| NAME OF SOURCE SOURCE | SOURCE'S DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| OF INCOME | <u> </u> | () | |
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| PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") | | | |
| NAME OF NAME OF MAJOR SOURCES | ADDRESS | PRINCIPAL BUSINESS | |
| BUSINESS ENTITY OF BUSINESS' INCOME | OF SOURCE | ACTIVITY OF SOURCE | |
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| | | | |
| 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 located at the bottom of page 2. | | | |
| 11 A | | RUCTIONS on who must file | |
| | | form and how to fill it out | |
| begin on page 3 of this packet. | | | |
| | | | |

| 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 WHIC | CH THE PROPERTY RELATES | |
| Cetrus and Acuts | Varenas 1 | lationwide 1 | |
| Surves | Sup Drast 5/3 | Back, Boxts | |
| Stocks | Pilat | () | |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | |
| | | | |
| NI I | | | |
| | | | |
| 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 # 1 | BUSINESS ENTITY # 2 | |
| ADDRESS OF BUSINESS ENTITY | 110 | | |
| PRINCIPAL BUSINESS ACTIVITY | V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| POSITION HELD WITH ENTITY | - | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | |
| SIGNATURE: () () | DATE | SIGNED: | |
| | # | | |
| | M = 31 | ///> | |
| 100000 | | 15 | |
| 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: | | | |
| prepared the CE Form 1F 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 | | | |
| | | <u> </u> | |
| Signature | | Date H | |
| FILING INSTRUCTIONS: | | | |

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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, Florida 32303.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2014, you may not have filed Form 1 for 2013. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2013 by July 1, 2014, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.



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