FORM 1	STATEM	ENT OF	2015		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL 1	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE BENNINGTON MAILING ADDRESS: 17470 Steppi	naura Firace ng Stone Dr		_		
Fort Myers		ee			
School District S	Lee County:	1	02-06		
NAME OF OFFICE OR POSITION HELI	O OR SOUGHT :		716 强10:		
You are not limited to the space on the line	es on this form. Attach additional sheets OR NEW EMPLOYEE OR A	· ·	0:46		
**** 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, 2015 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 byther 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	•	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
School District of		al BIVd	Education		
Lee County	Ft. Myers,	FL 33966			
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		
NA					
/					
CAST O DEAL DROPERTY II and ha	9.0	O a trade afficiant			
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.		
11/4			INSTRUCTIONS on who must file this form and how to fill it out		
			begin on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write '		es of deposit, etc See in	structions]	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
NIA				
<del>'                                    </del>				
·				
PART E — LIABILITIES [Major debts - See instruction of the control				
NAME OF CREDITOR		ADDRESS OF CREDITOR		
NAME OF CREBITOR		ADDICE	33 OF CREDITOR	
11/77				
PART F — INTERESTS IN SPECIFIED BUSINESSE		ns in certain types of bus	sinesses - See instructions]	
(If you have nothing to report, write "n		SS ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	<u> </u>			
ADDRESS OF BUSINESS ENTITY	NA	<u> </u>		
PRINCIPAL BUSINESS ACTIVITY	/			
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSIN	ESS			
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING	•	•		
For <b>elected municipal officers</b> required to complet	•			
☐ I CERTIFY THA	T I HAVE COMPL	ETED THE REQ	UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G	ARE CONTINUED OF	N A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FI	LER:	CPA or ATT	ORNEY SIGNATURE ONLY	
		If a certified public accountant licensed under Chapter 473, or attorney		
Signature:		in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:		
000		i,	, prepared the CE	
Maura Stolm	meter		with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the	
Data Olamada	U	disclosure herein is true		
Date Signed:		CPA/Attorney Signature	e:	
<u> </u>	6	Bata Sizzadi		
		Date Signed:		
NAME AT TO EU E.	FILING INSTR	RUCHUNS:	MILEN TO EU E.	
WHAT TO FILE:	WHERE TO FILE:		WHEN TO FILE:	

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

## NOTE:

## **MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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.

**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.)

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, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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, 2015.

NO POSTAGE NECESSARY IF MAILED

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Authorized by the U.S. Postal Service

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