

**FINAL  
REPORT 2006**

**FORM 1 F**

**FINAL STATEMENT OF  
FINANCIAL INTERESTS**

**(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)**

<b>LAST NAME — FIRST NAME — MIDDLE NAME:</b> BIERCE Norma B	<b>NAME OF REPORTING PERSON'S AGENCY:</b> Pine Manor NDC
<b>MAILING ADDRESS:</b> 2378 Gorham Ave	<b>CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):</b> <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE  <b>LIST OFFICE OR POSITION HELD:</b> _____
<b>CITY:</b> FT Myers <b>ZIP:</b> 33907 <b>COUNTY:</b> LEE	

**\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2006 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 3-31-06, 2006. (Date must be prior to 12/31/06)

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS    OR    ☒ DOLLAR VALUE THRESHOLDS

**PART A — PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Retired	Social Security	
	City of FT Myers Pension	

**PART B — SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C — REAL PROPERTY** [Land, buildings owned by the reporting person]


**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 of this packet.

**OTHER FORMS** you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF  
BUSINESS ENTITYADDRESS OF  
BUSINESS ENTITYPRINCIPAL BUSINESS  
ACTIVITYPOSITION HELD  
WITH ENTITYI OWN MORE THAN A 5%  
INTEREST IN THE BUSINESSNATURE OF MY  
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE:

DATE SIGNED:

**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 the first sheet 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 you take another position within the 60-day period that requires you to file 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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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 2006, you may not have filed Form 1 for 2005. 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 2005 by July 1 of 2006.

**SHARON L. HARRINGTON  
SUPERVISOR OF ELECTIONS  
LEE COUNTY - FLORIDA**

<u>PHYSICAL ADDRESS</u>  LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 <sup>RD</sup> FLOOR FORT MYERS FL 33901	<u>MAILING ADDRESS</u>  please send all correspondence to this address  P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239 LEE VOTE 239-533-8683	FAX 239-533-6310 WEBSITE <a href="http://www.leeelections.com">www.leeelections.com</a>

TO: Departing Local Officer  
FROM: Bernie Feliciano, Qualifying Officer  
DATE: April 17, 2006  
SUBJECT: Form 1 Statement of Financial Interests for Year Ending 12-31-2005

We are in receipt of your **FORM 1F-FINAL Statement of Financial Interests for 2006** that covers a portion of your service as a local officer for the year 2006. According to the FORM 1F FINAL Statement of Financial Interest you submitted, the last date you held public office or employment was in the year 2006.

Enclosed is a standard Form 1, Statement of Financial Interests for 2005, to complete and return in order to satisfy your obligation to file financial disclosure for the year 2005 (year ending 12-31-2005).

Persons serving as of December 31, 2005 (along with those officials elected in 2005 whose terms began in 2006) are STILL required to file in 2006 for the year ending 12-31-2005. Even if you left the your position in 2006, you are required to file financial disclosure for 2005 on the enclosed form.

WHEN TO FILE: Within 60 days after leaving office or employment.

WHERE TO FILE: Please return the completed ORIGINAL form, including signature and date in the enclosed postage-paid return envelope to:

**LEE COUNTY ELECTIONS OFFICE**  
**P O BOX 2545, FORT MYERS FL 33902-2545**  
THE ROLE OF THE SUPERVISOR OF ELECTIONS IS TO RECEIVE AND MAINTAIN  
THE FINANCIAL DISCLOSURE FORM AS PUBLIC RECORD

Please do not file the form with the Florida Commission on Ethics in  
Tallahassee

**QUESTIONS?:**

**HOW DO I COMPLETE THE FORM?** Instructions for completing this form are included in this mailing. Any questions regarding the instructions or the form should be directed to the office of the **Florida Commission on Ethics at 1-850-488-7864.**

Thank you for your cooperation and prompt attention to this matter.

Enclosures:     Form 1 Statement of Financial Interests 2005  
                      Postage Paid Return Envelope