

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

## FINANCIAL INTERESTS

A/C

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Bish Jeffrey Lynn

MAILING ADDRESS :

28400 Old 41 Road

Suite 6

CITY :

Bonita Springs

ZIP :

FL

COUNTY :

34135

Lee

NAME OF AGENCY :

Bonita Springs Historic Preservation Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board member

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Cont. Code

P. Req. Code

08 JUL 25 AM 0951 SDE Lee Co FI

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

## \*\*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 (check one):

☒ DECEMBER 31, 2007 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## 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

Construction Wealth Management 28400 Old 41 Rd Ste 6 Bonita Springs, FL Financial Planning

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the 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]

27207 Barefoot Lane Bonita Springs FL 34135

28400 Old 41 Rd, Suite 6 Bonita Springs, FL 34135

**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.

**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

NY Brokerage acct: <sup>Cash and</sup> mutual funds  
 VARIABLE LIFE Ins. Policies  
 Health Savings Account: cash  
 Roth IRA: cash + mutual funds  
 SEP IRA: cash + mutual funds

all owned personally.

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

Regions Bank

P.O. Box 2224 BIRMINGHAM, AL 35246

Wells Fargo Mortgage

P.O. Box 660455 DALLAS TX 75266

Bank of America

P.O. Box 660576 DALLAS TX 75266

**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 ENTITY

Constitution Wealth Management

ADDRESS OF BUSINESS ENTITY

 28400 Old 46 Rd, #6  
 Bonita Springs, FL 34135

PRINCIPAL BUSINESS ACTIVITY

FINANCIAL PLANNING

POSITION HELD WITH ENTITY

Financial Planner/owner

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

YES

NATURE OF MY OWNERSHIP INTEREST

Sole Proprietor

 IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

7/23/08

**FILING INSTRUCTIONS:**
**WHAT 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).

Facsimiles will not be accepted.

**NOTE:**
**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

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: 3600 Maclay Blvd. South, Suite 201, Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

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

**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** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

**Robert L. Harrington**  
Supervisor of Elections  
LEE COUNTY

CONSTITUTIONAL COMPLEX  
P.O. BOX 2545  
FORT MYERS, FLORIDA 33902

08 JUL 26 PM 0951 SDE LEE Co FL

FT MYERS FL 33902  
24 JUL 2008 PM 5  
114  
0700 \$ 00.420 JUL 23 08  
1825 BONITA SPRINGS, FL 34135  
PB8679946

SUPERVISOR OF ELECTIONS  
P.O. BOX 2545  
FORT MYERS FL 33902-2545

