FORM 1	ST	STATEMENT OF			2015	
Please print or type your name, mailing address, agency name, and position below.	FINAN	CIAL IN	TERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDD	DLE NAME :		T .		•	
Bishop Lenore M						
MAILING ADDRESS :						
2803 71st Street W					ru	
				•	24-06	
CITY:	ZIP:	COUNTY:			y .	
Lehigh Acres	33971	Lee			<u>⊬-i</u> 65	
NAME OF AGENCY:						
Lee County Mosquito Control Distr					9M09:16	
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT :				9:	
Purchasing Agent			/		μ⊷». Θ*1	
You are not limited to the space on the	lines on this form. Attach	additional sheets, if r	necessary.		•	
CHECK ONLY IF CANDIDATE	OR NEW EN	MPLOYEE OR APPO	OINTEE			
**** BOT! DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (must check one): DI DECEMBER 31, 2	LEASE STATE BELOW	ESTS FOR THE P WHETHER THIS	RECEDING TAX YEAR	R, WHET THE PRE	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING	
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) THRI	ESHOLDS <u>OR</u>	T DOLL	AR VALI	JE THRESHOLDS	
PART A PRIMARY SOURCES OF I			porling person - See inst	ructions]		
NAME OF SOURCE OF INCOME	.	SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
N/A						
PART B — SECONDARY SOURCES [Major customers, clients, (If you have nothing to re	and other sources of inco	ome to businesses of n/a")	wned by the reporting pe	rson - See	instructions)	
NAME OF BUSINESS ENTITY					PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A						
						
PART C REAL PROPERTY [Land,			e instructions]	FILIN	G INSTRUCTIONS for when	
N/A					there to file this form are ad at the bottom of page 2.	
IVA				INSTR	RUCTIONS on who must file	
·					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					
N/A						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none		AND AND COMMERCE AND				
NAME OF CREDITOR		ADDRES	S OF CREDITOR			
N/A						
And the second s	ST HINK BURNINGS SET LEGISLES IN HER	Service (Service Control of Service Control of Serv				
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") BUSINESS ENTITY # 1 NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY	•					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	1					
NATURE OF MY OWNERSHIP INTEREST						
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 FILE	<u>R:</u>	CPA or ATTORNEY SIGNATURE ONLY				
Signature:	If a certified public accountant licensed under Chapter 473, or attom in good standing with the Florida Bar prepared this form for you, he she must complete the following statement:					
Date Signed:	i		, prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct.			
Date Signed.	 (CPA/Attorney Signature:	: <u></u>			
6/21/16	 r	Date Signed:				
FILING INSTRUCTIONS:						
Finis noticolions.						

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).

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.

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: 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.

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 <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.