FORM 1	STATEM	ENT OF		2014		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTEREST	S	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDE			~			
MAILING ADDRESS:	my Lee			15 E		
F. M. CO.	33916 Lee	:		66. 66. 88.		
CITY; ZIP: COUNTY:				1039		
NAME OF AGENCY :				<u> 308</u>		
NAME OF OFFICE OR POSITION H			15FEB26AM1039 SCE LEE ODF			
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						
	H PARTS OF THIS SECT	TON MUST BE CO	MPLE1	ED ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO YEAR OR ON A FISCAL YEAR. PIEITHER (must check one):						
☐ DECEMBER 31, 2014 <u>OR</u> ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:						
	SING REPORTING THRESHOLDS T PARATIVE THRESHOLDS, WHICH					
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
	NCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See in	structions]			
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Lee County Salad	District 2655 Col	, , , , , , , , , , , , , , , , , , ,	P	la Education		
LEE COUNTY CIRTOR		one prod	100			
	OF INCOME and other sources of income to busines eport, write "none" or "n/a")	sses owned by the reporting	person - See	e instructions]		
•		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
		3. 00002		7,0111111 01 0001.02		
	buildings owned by the reporting perso port, write "none" or "n/a")	n - See instructions]		G INSTRUCTIONS for when		
				where to file this form are ed at the bottom of page 2.		
			this f	RUCTIONS on who must file orm and how to fill it out on page 3.		
			Degiii	c page v.		

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PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "none		of deposit, etc See ins	tructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
		100		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Navinet Student Lans			・	
			10 68410	
	•			
PART F — INTERESTS IN SPECIFIED BUSINESSES [C (If you have nothing to report, write "none"	or "n/a")	in certain types of busi	nesses - See instructions]	
NAME OF BUSINESS ENTITY			E (	
ADDRESS OF BUSINESS ENTITY			)) F	
PRINCIPAL BUSINESS ACTIVITY				
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 SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature:  Date Signed:		If a certified public ac attorney in good stan form for you, he or st I, the CE Form 1 in a Statutes, and the ins knowledge and belief	countant licensed under Chapter 473, or ding with the Florida Bar prepared this ne must complete the following statement:  prepared coordance with Section 112.3145, Florida tructions to the form. Upon my reasonable f, the disclosure herein is true and correct.	

#### 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 at least file a copy of his or her original 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.

## **FILING INSTRUCTIONS:**

## 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 the "Who Must File" Instructions on

Facsimiles will not be accepted.

# 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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

Flanker Bomer

Supervisor of Electrons P.O. Box 2545 Fort Hyer, H 33902





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

PHYSICAL ADDRESS	MAILING ADDRESS		
LEE COUNTY CONSTITUTIONAL COMPLEX	please send all correspondence to this address		
2480 THOMPSON STREET 3RD FLOOR	P O BOX 2545		
FORT MYERS FL 33901	FORT MYERS FL 33902-2545		
MAIN OFFICE	FAX		
239 LEE VOTE	239-533-6310		
239-533-8683	WEBSITE www.leeelections.com		

TO

**Tommy Lee Bowens** 

**Local Officer** 

121964957 7.0

Tommy L Bowens 1348 Brookhill Dr

FORT MYERS FL 33916

FROM:

Tammy Lipa

tlipa@leeelections.com

**Qualifying Department Assistant** 

DATE:

February 26, 2015

RE

Incomplete Form 1 Statement of Financial Interest for 2014

You recently filed your Form 1 Statement of Financial Interests for 2014 with the office of the Lee County Supervisor of Elections. The form is incomplete. The following information is missing from the form:

# **♦** Signature and/or Date

You are required to file a SIGNED and DATED form. We are returning, to you, a copy of the original form you filed for your signature and date. Return the signed and dated form immediately in order to comply with the signature and date requirements for Form 1 Statement of Financial Interests.

Please use the postage-paid envelope provided to return the signed and dated form. You may call 239-533-6329 if you have any questions.

**Enclosures:** 

Copy of Original Form 1 Statement Of Financial Interests for 2014 for Signature and/or Date

Postage Paid Return Envelope