

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

## FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME :

BRANDRETH, James A.

MAILING ADDRESS :

26441 Charlotte Dr.

Bonita Springs 34135 Lee

CITY : ZIP : COUNTY :

NAME OF AGENCY :

Zoning Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Member

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

FOR OFFICE  
USE ONLY:

UNSIGNED

10JUN09 09:15 AM Lee Co FI

**\*\*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, 2009 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]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE  
OF INCOME

SOURCE'S  
ADDRESS

DESCRIPTION OF THE SOURCE'S  
PRINCIPAL BUSINESS ACTIVITY

Teamsters  
Bonita Bay Group  
Social Security

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

(If you have nothing to report, you must write "none" or "n/a")

NAME OF  
BUSINESS ENTITY

NAME OF MAJOR SOURCES  
OF BUSINESS' INCOME

ADDRESS  
OF SOURCE

PRINCIPAL BUSINESS  
ACTIVITY OF SOURCE

Social

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

(If you have nothing to report, you must write "none" or "n/a")

Residence (but not real property)

**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.]

(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Vanguard  
401k  
Credit Union

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

(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

None

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

(If you have nothing to report, you must write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

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

NATURE OF MY  
OWNERSHIP INTEREST

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

SIGNATURE (required):

DATE SIGNED (required):

**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 Boulevard, 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.

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

<u>PHYSICAL ADDRESS</u>	<u>MAILING ADDRESS</u>
LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 <sup>RD</sup> FLOOR FORT MYERS FL 33901	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 : Local Officer

FROM : Bernie Feliciano  
[bfeliciano@leeelections.com](mailto:bfeliciano@leeelections.com)  
Filing Officer

BRANDRETH, JAMES ANDREW  
26441 CHARLOTTE DR  
BONITA SPRINGS FL 34135

111634169

DATE : June 3, 2010

RE : Incomplete Form 1 Statement of Financial Interest for 2009

You recently filed your Form 1 Statement of Financial Interests for 2009 with the office of the Lee County Supervisor of Elections. The form you filed is incomplete. The following information is missing from your 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. Your signed and dated form must be returned immediately in order to comply with the signature and date requirements of Form 1 Statement of Financial Interests.

Please use the postage-paid envelope provide when returning your signed and dated form. I can be reached at 239-533-6304 if you have any questions.

Enclosures: Copy Of Original Form 1 Statement Of Financial Interests For 2009 For Signature And/Or Date  
Postage Paid Return Envelope