FORM 1 F		FINAL STAT			
(TO BE FILED				CE OR EMPLOYMENT)	
LAST NAME - FIRST NAME - M			NAME OF REPORTING P		
Cobb Cynth		Ν,	LIBRAN	y (Fromenly)	
MAILING ADDRESS: 5598 Westwind CAne			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):		
Fort Myers 33919 Lee CITY: ZIP: COUNTY:				CER STATE OFFICER STATE EMPLOYEE ON HELD: <u>(BRANY DIRECTOR</u>	
OFFICE OR EMPLOYMENT DESC MANNER OF CALCULATING I THE LEGISLATURE ALLOWS FILEI	FINANCIAL RIBED ABO REPORTAI RS THE OP1 NG COMPA ELOW WHE	VE, WHICH DATE WAS BLE INTERESTS: TION OF USING REPORTING RATIVE THRESHOLDS, WHIC THER THIS STATEMENT REF	DD BETWEEN JANUARY 1-28-05 THRECHOLDS THAT ARE AE CH ARE USUALLY BASED ( LECTS EITHER (check one)	2006 AND THE LAST DATE I HELD THE PUBLI 2006. (Page must be prior to 12/31/06 350) UTE POBLAR VALUES WHICH REQUIRE DN PERCENTAGE VALUES (see instructions fo	
PART A PRIMARY SOURCE NAME OF SOURCE OF INCOME ec Co Bucc (WAG		DME [Major sources of income SOURC ADDRI 2115 Second Sha	DE'S ESS	DESCRIPTION CONTROLS PRINCIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOUP NAME OF BUSINESS ENTITY	NAM	NCOME [Major customers, cli E OF MAJOR SOURCES F BUSINESS' INCOME	ents, and other sources of in ADDRESS OF SOURCE	come to businesses owned by reporting person PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY	Land, buildi	ngs owned by the reporting pe	rson]	FILING INSTRUCTIONS for whe and where to file this form are locat- ed at the bottom of page 2.	
	сана страна Стана Висс. Стана Висс.			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 PER		ERTY [Stocks, bonds,		
NA NA			BUSINESS ENTITY TO WE	IICH THE PROPERTY RELATES
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n na				
PART E LIABILITIES [Majo NAME OF CRED			ADDRESS	OF CREDITOR
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Sun Cuast FCU		TAN	PAFL	
			1 1	
PART F — INTERESTS IN SF			or positions in certain types of	(husinesses)
		SS ENTITY # 1	BUSINESS ENTITY #	•
NAME OF BUSINESS ENTITY	NA			
ADDRESS OF BUSINESS ENTITY	NA		······	
PRINCIPAL BUSINESS	NA			
POSITION HELD WITH ENTITY	NA			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA		······································	
NATURE OF MY OWNERSHIP INTEREST	NA		······································	
IF ANY OF PARTS A	THROUGH	F ARE CONTINUE	D ON A SEPARATE SHE	EET, PLEASE CHECK HERE
SIGNATURE:	lilo	$\mathcal{D}$	DATE	SIGNED: 7/19/06
Cornera				1/7/06
	n ika ngani		in Sa San ann an an air an istin an ann an Anna - Sant	
		FILING INS	STRUCTIONS:	
WHAT TO FILE:		WHERE TO FIL	<b>E.</b>	If you are leaving office or employment
After completing all parts of this form on Low		Local officers:	file with the Supervisor of	during the first half of 2006, you may not
it, send back only the first sheet for filing (you ner		nently reside. (If you	unty in which you perma- u do not permanently reside	have filed Form 1 for 2005. In that case, this is not the last form you will file, even
need not return any of the instruction pages). in		in Florida, file with the with the with the where your agency here your agency here your agency here with the w	he Supervisor of the county las its headquarters.)	though the Form 1F covers the final portion of your term of office or employment. You
WHEN TO FILE: ee   At the end of office or employment each Dr   local officer, state officer, and specified state ph   employee is required to file a final disclosure Su   form (Form 1F) within 60 days of leaving office or employment unless you take apother position			State officers or specified state employ- ees: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; will be required to file Form 1 for 20	
		Drawer 15709, Tal		
		physical address: 36 Sutie 201, Tallahasse	00 Maclay Boulevard, South, ee, FL 32312.	
		To determine what category your position		
tion within the 60-day period that r to file financial disclosure on Form	equires you	falls under, see the ' on page 3.	Who Must File" Instructions	

6.

NOTE:



## BOARD OF COUNTY COMMISSIONERS

Bob Janes District One

Douglas R. St. Cerny District Two

Ray Judah District Three

Tammy Hall District Four

John E. Albion District Five

Donald D. Stilwell County Manager

David M. Owen County Attorney

Diana M. Parker County Hearing Examiner



Ms. Cynthia Cobb 5598 Westwind Lane Fort Myers, Florida 33919

## **RE: FINANCIAL DISCLOSURE**

Dear Ms. Cobb:

Please accept my apologies for the letter I sent earlier this week. After reviewing the Human Resource information, I found that you were not an employee of Lee County on December 31, 2005 and are therefore not required to file the F1 2005 form.

However, because you were formerly a reporting individual with the county, you do need to file a final report (an F1 Final) as soon as possible. That will be the last step in the process. I have notified the Florida Commission on Ethics to remove your name from our list of reporting individuals.

I have included a copy of the F1 Final form with this letter. Please return it at your earliest convenience to the elections office located at 2480 Thompson St. Fort Myers.

Please don't hesitate to contact me if I can be of further assistance.

Sincerely,

Writer's Direct Dial Number

Molly Schweers, Administrative Specialist Public Resources

encl

(239) 335-2215

FORM 1 F FINAL STATEMENT OF FINANCIAL INTERESTS						
F INAINCIAL IN I EKES I S (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)						
LAST NAME - FIRST NAME - MIDD COBL, Cynthin	······································	NAME OF REPORTING PER Lee County 1	RSON'S AGENCY:			
5598 Westwind L	Ane FINAL REPOR		LOWING (see "Who Must File" on page 3):			
CITY: ZIP: FORT Myeas <b>3</b> 30	COUNTY: 119 Lec		NHELD: Library Director			
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED***   DISCLOSURE PERIOD:   THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS <u>NOUCH ber 28</u> , 2005. (Date must be prior to 12/31/05)   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 pers NAME OF SOURCE OF INCOME Lee County Grovenment Bucc 2120 MAin Street; Fort M			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY L'BRAM DIRECTOR			
PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY	ES OF INCOME [Major customers, of NAME OF MAJOR SOURCES OF BUSINESS' INCOME	slients, and other sources of inco ADDRESS OF SOURCE	ome to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [La	nd, buildings owned by the reporting p	erson]	FILING INSTRUCTIONS for when and where to file this form are locat- ed 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.			

		/ [Stocks, bonds, c		CH THE PROPERTY RELATES		
NA			<u>DUƏINEƏƏ ENTITI I. 194 mili</u>			
IV M						
		<b> </b>				
PART E — LIABILITIES [Maj NAME OF CRED	or debts] JITOR	I	ADDRESS	OF CREDITOR		
Wells FAGO (Home Mortgage)		P.O. Box 650769: DALLAS, TX 75265				
C I A I I		P.O. BOX 11829: TAMPA, FC. 33680				
Sunconst Schools F	<u>СИ</u>	<u> </u>	NX 11827 1mg	0A, FC J3680		
		<b>-</b>				
PART F — INTERESTS IN S		eee iOwnership	or positions in certain types of t			
PART F - INTEREGIS IN S	BUSINESS EN		BUSINESS ENTITY # 2			
NAME OF	NA-		Doonteoo antiti a			
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			· · · · · · · · · · · · · · · · · · ·			
			O ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE:	In P. M.S		DATE S	IGNED: 1/10/06		
SIGNATORE. MMM	110000					
				· · · ·		
FILING INSTRUCTIONS:						
WHAT TO FILE:	W	HERE TO FILE	:			
After completing all parts of	f this form on	Local officers:	file with the Supervisor of	NOTE:		
pages 1 and 2, including signing send back only the first sheet for 1			unty in which you perma- do not permanently reside	If you are leaving office or employment during the first half of 2005, you may not		
not return any of the instruction pa	ages). in f	Florida, file with th	e Supervisor of the county as its headquarters.)	have filed Form 1 for 2004. In that case,		

## 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.

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, Sutie 201, Tallahassee, FL 32312.

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

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 2004 by July 1 of 2005.

Update-Filer Information - Lee County Supervisor of Elections Financial Disclosure Syst... Page 1 of 1

FII 08-29-05 Bernie Shirley works with Cynthia Cabb pervisor of Elections You will be logged out after 29:57 minutes of inactivity. osure System 2005 Log Out at the Sebrary admin. partien adding of the adding the settler. ices - she kicked or Cynthia Cobb The letter up + ythia. Kathy 🖄 = Required Field Prefix: ▼ earrea 🖄 First Name: Cynthia Middle Name: 🖄 Last Name: Cobb Suffix: • Per mie Title at Organization: lection \* Address Line 1: 1300 Corbel Circle disco pries Address Line 2: ▼ #2315 Secondary Unit Designator: 🖄 City: Fort Myers State: Florida (FL)  $\mathbf{T}$ 🖄 Zip: 33907 - | Other Identifier:  $\bigcirc$ Submit Cancel 18-22-05-Called and spoke w/Cynthia - sheiis going to stop by and pick-up the letter from the Elections office. Received 8-24-05

**Financial Disclosure Coordinator Information** 

Name: Kathy Geren

Title: Public Resources

Organization: Lee County - Employees

Address: PO Box 398

Fort Myers, FL, 33902 -0398

Phone: (239) 335-2215

Email: gerenpk@leegov.com

Close this Window



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