

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2015

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

CUYLER, KENNETH BRUCE

MAILING ADDRESS:

1513 SAND CASTLE RD.

CITY :

SANIBEL

ZIP :

33957

COUNTY :

LEE

NAME OF AGENCY :

CITY OF SANIBEL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY ATTORNEY

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

pm 6/30



06-07-16 PM 08:50

**** 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 (must check one):

[X] DECEMBER 31, 2015 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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) THRESHOLDS OR [X] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

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

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1 contains 'N/A'.

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

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

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1 contains 'N/A'.

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

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

Table with 1 column: REAL PROPERTY. Row 1 contains 'N/A'.

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.

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
401A, 457, HSA MONEY MARKET	FLORIDA LEAGUE, NATIONWIDE, ICMA-NC (RESPECTIVELY) SUNCOAST SCHOOLS FEDERAL CREDIT UNION

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
FLAGSTAR BANK - RESIDENTIAL MORTGAGE	P.O. BOX 371891 PITTSBURG, PA
KIA MOTOR FINAN. CAR LOAN	P.O. BOX 650805, DALLAS, TX

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")		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	N/A	
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
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 FILER:

Signature: _____
Kenneth B. Lynch

Date Signed: _____
6/28/16

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>NOTE:</p> <p>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.</p> <p>Facsimiles will not be accepted.</p>	<p>WHERE TO FILE:</p> <p>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.</p> <p>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.)</p> <p>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.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>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.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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.</p>
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June 30, 2016

Ms. Bernie Feliciano
Qualifying Officer
Lee County Supervisor of Elections Office
Post Office 2545
Fort Myers, Florida 33902-2545

Dear Ms. Feliciano:

Enclosed please find the 2015 Statements of Financial Interests for the following:

Steven Chaipel, Finance Director
Kenneth B. Cuyler, City Attorney
William Dalton, Police Pension Trustee
Vice Mayor Mick Denham
James Evans, Coastal Advisory Council
Councilman Chauncey Goss
Councilman Martin Harrity
Craig Holston, Police Pension Trustee
Councilman James Jennings
James Jordan, Planning Department Director
John Juzkiw, Sanibel General Employees Pension Board
Scotty Lynn Kelly, Deputy City Clerk
Harold Law, Building Official
Dale Reiss, Police Pension Trustee
Mayor Kevin Ruane
Pamela Smith, City Clerk
Bill Tomlinson, Chief of Police
Keith Williams, Public Works Director
Laura Zautcke, Accounting Operations Manager

If you have any questions please do not hesitate to call (239) 472-3700.

Cordially,



Pamela Smith, MMC
City Clerk

Enclosure

Cc: Judie Zimomra, City Manager
Ken Cuyler, City Attorney



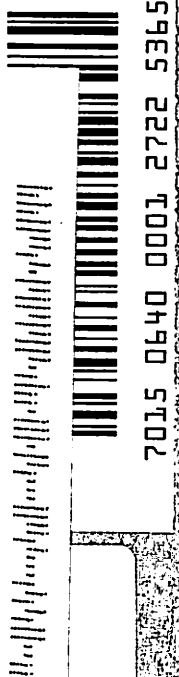
City of Sanibel

800 Dunlop Road
Sanibel, Florida 33957-4096

www.mysanibel.com

AREA CODE - 239

CITY COUNCIL	472-4135
ADMINISTRATIVE	472-3700
BUILDING	472-4555
EMERGENCY MANAGEMENT	472-3111
FINANCE	472-9615
LEGAL	472-4359
NATURAL RESOURCES	472-3700
RECREATION	472-0345
PLANNING	472-4136
POLICE	472-3111
PUBLIC WORKS	472-6397



7015 0640 0001 2722 5365

FIRST-CLASS MAIL
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06/30/2016
US POSTAGE
\$07.99
ZIP 33957
011D11636006

Ms. Bernie Feliciano
Qualifying Officer
Lee County Supervisor of Elections Office
Post Office 2545
Fort Myers, Florida 33902-2545

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