| FORM 1 | STATEM | IENT OF | 2014 | | | |
|---|--|-------------------------------|---|--|--|--|
| Please print or type your name, mailing address, agency name, and position below | FINANCIAL | INTERESTS | FOR OFFICE USE ONLY: | | | |
| LAST NAME FIRST NAME MIDI | | | | | | |
| TIONINING & E MAILING ADDRESS : | LALD BATES | > | | | | |
| 108 NE | 2th Court | | چــر ۱۱۱ | | | |
| | | | Ę | | | |
| Cape Coral | ZIP: COUNTY: 33909 | LEE | 15JUN16AM1031 SOE LEE COF | | | |
| NAME OF AGENCY: LEE COL | NTY SCHOOLS | ·/ | / 31 SC | | | |
| NAME OF OFFICE OR POSITION H | P OR SOUGHT: | | H | | | |
| You are not limited to the space on the | inns on this form. Attach additional she | oto if necessary | EEΩ | | | |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OF | 10011 | S PI | | | |
| **** BOT | **** 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): | | | | | | |
| DECEMBER 31, | 014 <u>OR</u> 🗅 SPECI | FY TAX YEAR IF OTHER THA | AN 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: | | | | | | |
| * | PERCENTAGE) THRESHOLDS | OR 🗆 DOLLA | AR 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") | | | | | | |
| NAME OF SOURCE OF INCOME | | URCE'S DRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | |
| Les County Sch | 4 School 2855 Colonial Blud Education. | | Education | | | |
| tee County Scho | FPS Peticement | | Education Retirement | | | |
| | | | | | | |
| | | | | | | |
| 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") | | | | | | |
| NAME OF | NAME OF MAJOR SOURCES | ADDRESS | PRINCIPAL BUSINESS | | | |
| BUSINESS ENTITY | OF BUSINESS' INCOME | OF SOURCE | ACTIVITY OF SOURCE | | | |
| NONE | | | | | | |
| | | | | | | |
| PART C REAL PROPERTY [Land, | buildings owned by the reporting person | on - See instructions] | | | | |
| (If you have nothing to report, write "none" or "n/a") | | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. | | | |
| NA | | INSTRUCTIONS on who must file | | | | |
| | | | this form and how to fill it out begin on page 3. | | | |
| | | | | | | |

| PART D — INTANGIBLE PERSONAL PROPERTY [Steel [Steel] [St | | s of deposit, etc See ins | structions] | | |
|--|---|---|---|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| Bencor - Retirement | Bencor PlunMeinhar Securities Life of the Southwest | | | | |
| SAVINGS-E | | incoast, | Wells Fargo | | |
| PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non | 4 | / | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | | |
| NA | | | | | |
| · · · | | | | | |
| | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none" | or "n/a") | s in certain types of busi | inesses - See instructions] BUSINESS ENTITY # 2 | | |
| NAME OF BUSINESS ENTITY | ير/ بر | 2 | | | |
| 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 OF FILE | R: | CPA or ATTORNEY SIGNATURE ONLY | | | |
| Signature: Date Signed: | | 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, | | | |
| 6-15-15 | | CPA/Attorney Signature: Date Signed: | | | |
| 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).

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 page 3.

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.

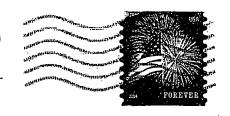
'15JUN16AM1031 SOE LEE CO FI

Riverdale High School

_Raiders____

2600 Buckingham Road Fort Myers, Florida 33905-2499 FT MYERS FL 339

15 JUM 2015 FM 1 L



Official Election Mail

Supervisor of Elections P.O. Box 2545 Fort Myers, Florida 33902-2545

Success is a Choice

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