

FORMI

STATEMENT OF
FINANCIAL INTERESTS

2014

FOR OFFICE USE ONLY:

address, agency name, and position below:

LAST NAME - FIRST NAME - MIDDLE NAME:
Godshall, Frank HMAILING ADDRESS:
28291 Terrazza Lane

CITY: Naples ZIP: 34110 COUNTY: Lee

NAME OF AGENCY: Mediterra
North CDDNAME OF OFFICE OR POSITION HELD OR SOUGHT: Board of
Supervisors

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

COPY

*15FEB 2 PM 1008 SDE LEE CO FL

**** 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, 2014 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:

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ 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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
See Attachment "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")

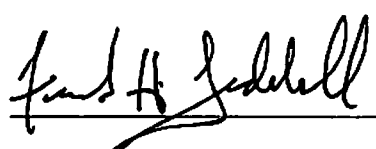
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

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

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	
See Attachment "A"		
PART E - LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
N/A		
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")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A	N/A
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 <input checked="" type="checkbox"/>		
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY	
Signature:  Date Signed: <div style="text-align: center;">1/23/2015</div>	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:		
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.	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. <i>Local officers/employees</i> 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.) <i>State officers or specified state employees</i> file with the Commission on Ethics, P.O. Drawer 15708, Tallahassee, FL 32317-5708; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. <i>Candidates</i> 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. <div style="text-align: center;">Facsimiles will not be accepted.</div>	WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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. <i>Candidates</i> for publicly-elected local office must file at the same time they file their qualifying papers. <i>Thereafter</i> , local officers/employees, state officers, and specified state employees are required to file by July 1 st following each calendar year in which they hold their positions. <i>Finally</i> , 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 1 F) within 60 days of leaving office or employment. However, filing a CE Form 1 F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

Frank H. Godshall

28291 Terrazza Lane

Naples, FL 34110

January 24, 2015

Form 1, Statement of Financial Interests

Attachment "A"

Part A		
Source of Income	Source's Address	Source's Business Activity
Fidelity Investments	82 Devonshire St. Boston, MA 02109	Brokerage Services
LU #98, IBEW Pension Fund	17190 Spring Garden St. Philadelphia, PA 19130	Electrical Construction Union
Social Security Administration	300 Spring Garden St. Philadelphia, PA 19123-2999	Retirement Income
National Electrical Benefit Fund	2400 Research Blvd. Suite 500 Rockville, MD 20850-3266	Retirement Income (Pension)

Part D	
Type of intangible Property	Business Entity to Which the property Relates
Stocks, Bonds, Mutual Funds, etc.	Fidelity Investments
MMA	Capitol One, PO Box 61540, New Orleans, LA 70161
MMA	Discover Bank, PO Box 30412, Salt Lake City, UT 84130-9723

Frank H Godshall
28291 Terrazza Ln.
Naples, FL 34110

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Lee County Supervisor of Elections
P.O. Box 2545
Fort Myers, FL 33902

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