

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Arney Bates McLeod

MAILING ADDRESS:

2430 McGregor Blvd

Ft. Myers

33901

Lee

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Alternate Missions Assignment

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

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PM 7/1

**** 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, 2013 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 |
|--------------------------|-------------------------|---|
| Boulevard Ins | 8191 College Pkwy 33919 | Commercial Insurance |
| | | |
| | | |

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.

FORM 10

ANNUAL DISCLOSURE OF GIFTS FROM GOVERNMENTAL ENTITIES AND DIRECT SUPPORT ORGANIZATIONS AND HONORARIUM EVENT RELATED EXPENSES

| | | | |
|---|------|---------|---|
| LAST NAME -- FIRST NAME -- MIDDLE NAME: | | | THIS STATEMENT REFLECTS GIFTS AND HONORARIUM EVENT RELATED EXPENSES RECEIVED DURING CALENDAR YEAR 20__. |
| MAILING ADDRESS: | | | DO NOT FILE THIS FORM IF YOU HAVE NOTHING TO REPORT ON IT. |
| CITY: | ZIP: | COUNTY: | NAME OF AGENCY: |
| | | | OFFICE OR POSITION HELD: |

14 JUL 2 PM 3 15 50 E1 REC061

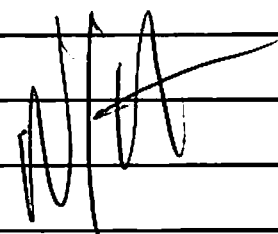
PART A -- GIFTS (HAVING A PUBLIC PURPOSE) FROM GOVERNMENTAL ENTITIES

| NAME OF PERSON PROVIDING GIFT(S) | TOTAL VALUE OF GIFTS FROM THAT PERSON | DESCRIPTION OF INDIVIDUAL GIFTS | DATE EACH GIFT RECEIVED |
|----------------------------------|---------------------------------------|---------------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

PART B -- GIFTS FROM DIRECT SUPPORT ORGANIZATIONS

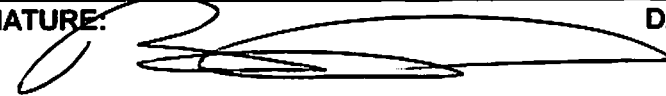
| NAME OF PERSON PROVIDING GIFT(S) | TOTAL VALUE OF GIFTS FROM THAT PERSON | DESCRIPTION OF INDIVIDUAL GIFTS | DATE EACH GIFT RECEIVED |
|----------------------------------|---------------------------------------|---------------------------------|-------------------------|
| | | | |
| | | | |

PART C -- HONORARIUM EVENT RELATED EXPENSES

| | EVENT #1 | EVENT #2 | INSTRUCTIONS on who must file this form and how to fill it out are on the reverse side. FILING INSTRUCTIONS for when and where to file this form are located on the reverse side. |
|---------------------------------------|---|----------|--|
| NAME OF PERSON PAYING EXPENSES |  | | |
| ADDRESS OF PERSON | | | |
| AFFILIATION OF PERSON | | | |
| AMOUNT OF HONORARIUM EXPENSES | | | |
| DATE(S) OF THE EVENT | | | |
| DESCRIPTION OF EXPENSES PAID EACH DAY | | | |
| TOTAL VALUE OF EXPENSES FOR THE EVENT | | | |

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

REMEMBER TO ATTACH COPIES OF ALL STATEMENTS PROVIDED TO YOU BY PERSONS AND ENTITIES PROVIDING OR PAYING FOR THE GIFTS AND HONORARIUM EVENT RELATED EXPENSES DISCLOSED ON THIS FORM. YOU MUST DISCLOSE ALL OF THESE KINDS OF GIFTS AND EXPENSES EVEN THOUGH YOU DID NOT RECEIVE A STATEMENT OR REPORT FROM THE PERSON OR ENTITY PROVIDING THEM. YOU MAY EXPLAIN ANY DIFFERENCES BETWEEN THE ATTACHED REPORTS AND STATEMENTS AND THE INFORMATION PROVIDED ON THIS FORM BY ATTACHING AN EXPLANATION TO THE FORM.

SIGNATURE:  DATE SIGNED: 6/30/14

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 |
|--------------------|---|
| N/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 |
|-------------------|------------------------------------|
| Dept of Education | P.O. Box 740351, Atlanta, GA 30374 |

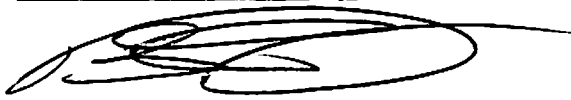
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

| 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 | | |

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

SIGNATURE (required):

DATE SIGNED (required):



6/30/14

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.

Signature

Date

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:

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: 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, 2013.



City of Palms

June 10, 2014

CITY OF FORT MYERS, FLORIDA

CITY CLERK'S OFFICE
PO Box 2217
FORT MYERS, FL 33902
239-321-7035 TEL
239-344-5927 FAX

JUL 2 PM 3 15 SDE LEE CO FL

Bates M. Haney
2430 McGregor Boulevard
Fort Myers, Florida 33901

Dear Mr. Haney:

City Council, at its regular meeting on June 2, 2014, unanimously approved your appointment to the Nuisance Abatement Board, effective June 2, 2014, through June 1, 2016. The Commission on Ethics has determined that members of the Nuisance Abatement Board are required to file a Statement of Financial Interest.

Enclosed is Form 1, Statement of Financial Interest 2013, Form 9 Quarterly Gift Disclosure and Form 10, Annual Disclosure of Gifts. Form 1 is to be filed within 30 days from your appointment at the Lee County Elections Office, Post Office Box 2545, Fort Myers, FL 33902-2545. If you filed a financial disclosure form for 2013, it is not necessary to file another disclosure at this time. The Lee County Elections Office will mail Form 1 to you on an annual basis in the future.

The Ethics Law also requires that Form 9, Quarterly Gift Disclosure, must be filed with the Commission on Ethics on the last day of any calendar quarter following the calendar quarter in which a gift worth over \$100.00 was received other than gifts from relatives, gifts prohibited from being accepted, gifts primarily associated with your business or employment, and gifts otherwise not required to be disclosed. Please note that the Quarterly Gift Disclosure form does not have to be filed unless you received a reportable gift. It is your responsibility to obtain and file this form in the future if you receive any reportable gifts.

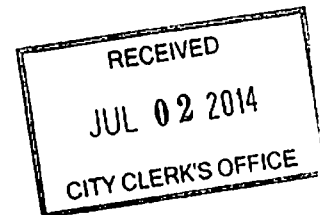
Please note that Florida Statute 112.3145(6)(f) provides that a person who is required to file a statement of financial interests and fails to timely file is assessed a fine of \$25.00 per day for each date late up to a maximum of \$1,500.00.

Also enclosed, for your information, is a copy of the 2013 Guide to the Sunshine Amendment and Code of Ethics. Please call me at 321-7035 if you have any questions.

Yours truly,

CITY OF FORT MYERS

Marie Adams
Marie Adams, MMC
City Clerk



Enclosures

cc: Shirley Taylor, Commission on Ethics

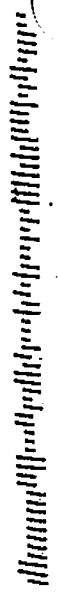
Bouchard
Insurance
Client First

P.O. Box 60287
Ft. Myers, FL 33906-6287

*Ms. Marie Adams
City Clerks Office
P.O. Box 2217
Ft. Myers, FL 33902*



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