

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Jennings James L

MAILING ADDRESS:

9209 Kincaid CT

CITY:

Sanibel

ZIP:

33957

COUNTY:

Lee

NAME OF AGENCY:

City of Sanibel

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Council Member

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 6/24

15 JUN 2014 12:03:51 ELEC FORM 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, 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
FRS		Pension
Dept. of U.S. Treasury		Social Security

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - 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.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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.

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).

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.

FILING INSTRUCTIONS:

SIGNATURE OF FILER:

Signature:

Date Signed:

James F. Jennings
 June 22, 2015

Date Signed:

CPA/Attorney Signature:

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: _____

CPA or ATTORNEY SIGNATURE ONLY

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

NAME OF 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
(If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1					
(If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 2					

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]

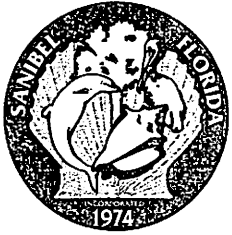
NAME OF CREDITOR	ADDRESS OF CREDITOR
(If you have nothing to report, write "none" or "n/a")	

PART E — LIABILITIES [Major debts - See instructions]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
(If you have nothing to report, write "none" or "n/a")	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]

June 24, 2015



City of Sanibel

800 Dunlop Road
Sanibel, Florida 33957-4096

AREA CODE - 239

CITY COUNCIL	472-4135
ADMINISTRATIVE	472-3700
BUILDING	472-4555
EMERGENCY MANAGEMENT	472-3111
FINANCE	472-9615
LEGAL	472-4359
PARKS & RECREATION	472-9075
PLANNING	472-4136
POLICE	472-3111
PUBLIC WORKS	472-6397
UTILITIES	472-1008

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 2014 Statements of Financial Interests for the following:

Kenneth B. Cuyler, City Attorney
 William F. Dalton, Sanibel Police Officers' Retirement Trust Fund
 Sylvia Edwards, Finance Director
 James T. Evans, Coastal Advisory Council / Restore Act Committee
 James L. Jennings, Councilmember
 John P. Juzkiw, Sanibel General Employees' Pension Board
 Scotty L. Kelly, Deputy City Clerk
 Harold Law, Building Official
 Dale A. Reiss, Sanibel Police Officers' Retirement Trust Fund
 Pamela Smith, City Clerk
 Bill Tomlinson, Chief of Police

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

Cordially,

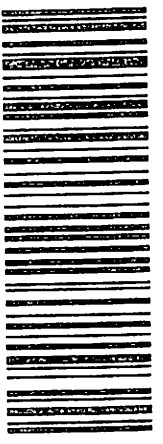
Pamela Smith, CMC
City Clerk

PS/tlj

Enclosure

1510425PM120250ELEE0041

CERTIFIED MAIL



7015 0640 0000 0508 5524

807 9
2017 10 13



CITY OF SANIBEL

800 DUNLOP ROAD

SANIBEL, FLORIDA 33957-4096

TO:

MS. BERNIE FELICIANO
QUALIFYING OFFICER
LEE COUNTY SUPERVISOR OF
ELECTIONS
POST OFFICE BOX 2545
FORT MYERS, FL 33908-2545