

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: <i>Jennings James Lowry</i>	NAME OF REPORTING PERSON'S AGENCY: <i>City of Sanibel</i>
MAILING ADDRESS: <i>8736 Westwood Oaks PL</i>	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: <i>Fort Myers</i> ZIP: <i>FL 33908</i> COUNTY: <i>Lee</i>	LIST OFFICE OR POSITION HELD: <i>Council member</i>

*****BOTH PARTS OF THIS SECTION MUST BE COMPLETED*****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2017 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS *October 18* 2017. (Date must be prior to 12/31/17)

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

FINAL REPORT

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
<i>Florida Retirement System</i>	<i>Tallahassee FL</i>	<i>Teacher Pension</i>
<i>Dept. of US Treasury</i>	<i>Washington DC</i>	<i>Social Security</i>

PART B — SECONDARY SOURCES OF INCOME

(Major customers, clients, and other sources of income to businesses owned by 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
<i>NONE</i>			

PART C — REAL PROPERTY (Land, buildings owned by the reporting person - See instructions)
 (If you have nothing to report, write "none" or "n/a")

<i>NONE</i>

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 of this packet.

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
NONE	

PART E — LIABILITIES (Major debts - See instructions)
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

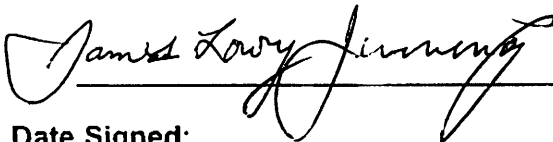
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NONE	NONE
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 FILER:

Signature:



Date Signed:

10.27.2017

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:

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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, Florida 32303.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2017, you may not have filed Form 1 for 2016. In that case, this is not the last form you will file. Form 1F covers January 1, 2017, through your last day of office or employment. You will be required to file Form 1 for 2016 by July 1, 2017, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.



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

November 01, 2017

Ms. Cheryl Futch
Qualifying Officer
Lee County Supervisor of Elections
Post Office Box 2545
Fort Myers, Fl. 33902

Dear Cheryl:

Enclosed please find the final 2017 Statement of Financial Interests for Councilman Jim Jennings and the 2016 Statement of Financial Interests for Steve Stredler, Deputy Building Official.

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

Cordially,

Pamela Smith, MMC
City Clerk

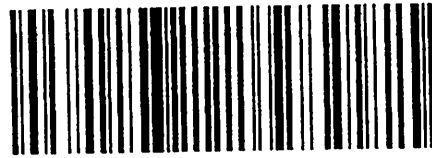
PS/me

Enclosure



City of Sanibel
800 Dunlop Road
Sanibel, Florida 33957

CERTIFIED MAIL®



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11/01/2017

US POSTAGE

FIRST-CLASS MAIL

\$06.77⁰



ZIP 33957
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Ms. Cheryl Futch
Qualifying Officer
Lee County Supervisor of Elections
Post Office box 2545
Ft. Myers, FL 33902

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