FORM 1	STATEMENT OF		2014		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERES	TS	FOR OFFICE USE ONLY:		
	Harlour Links 33908 Lee ZIP: LOUNTY: OUNT) Im 6/5	08-06 *15 AM11:51		
**** BOTH I	PARTS OF THIS SECTION MUST BE	COMPL	_ETED ****		
THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS FOR THE PRECEDING TAX SE STATE BELOW WHETHER THIS STATEMENT IS	YEAR, WI FOR THE	HETHER BASED ON A CALENDAR PRECEDING TAX YEAR ENDING		
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 INCO	OME [Major sources of income to the reporting person - Se, write "none" or "n/a")	e instructio	ns]		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
School Ustrict	2855, Colonial Edization				
recounty	3/Va				
	rn 33966				
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	JAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
	4				
PART C REAL PROPERTY [Land, build	ings owned by the reporting person - See instructions]	- 1			
(If you have nothing to report		an	LING INSTRUCTIONS for when d where to file this form are cated at the bottom of page 2.		
19521 11# MAROUR LINKS FM PZ 33905			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"		f deposit, etc See ins	tructions]		
TYPE OF INTANGIBLE		SINESS ENTITY TO W	HICH THE PROPERTY RELATES		
n // /					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR			
10/ Suggestion of C					
HFC 1.0.	10 X 1 C		33509-1231		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ow (If you have nothing to report, write "none" or NAME OF BUSINESS ENTITY			nesses - See instructions] BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY	1				
PRINCIPAL BUSINESS ACTIVITY	./				
POSITION HELD WITH ENTITY	<i>y</i>				
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:		CPA or ATTORNEY SIGNATURE ONLY			
Signature: **Attl Ample		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,			
Date Signed:		CPA/Attorney Signatu	ıre:		
6-1-15		Date Signed:			

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.

Dr. Ruthie Lohmeyer 14321 17A Herbour Links Fl. Myers, FL 33908

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* *Authorized by the U.S. Postal Service *

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545