

**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2018**

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

**FOR OFFICE USE ONLY:**

LAST NAME – FIRST NAME – MIDDLE NAME :

Meyers Gene Paul

MAILING ADDRESS :

230 SW 37th Terrace

CITY :

Cape Coral

ZIP :

33914

COUNTY :

Lee

NAME OF AGENCY :

Lee County Port Authority

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Division Director of Administration

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

19APR22AM0835 SDE Lee Co FI

**\*\*\*\* 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, 2018

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 (must check one):



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
ANEFX-New Economy Fund	333 S. Hope St. Los Angeles, CA 90071	Mutual Fund

**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
Checking Account	Bank of America
Savings Accounts	Suncoast Schools Federal Credit Union

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Infiniti Financial Services	P.O. Box 78133, Phoenix, AZ 85062-8133
Suncoast Schools Federal Cr. Union	P.O. Box 11829, Tampa, FL 33980

**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		

**PART G — TRAINING**

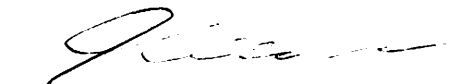
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

4/17/19

**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:**

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. To determine what category your position falls under, see page 3 of instructions.

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**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** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

Gene Meyers  
Financial Statement of Interest – 2018 *(Continued)*

**Part D – INTANGIBLE PERSONAL PROPERTY**

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stocks	JetBlue Airways Corporation
FRS2035 Retirement Fund	Florida Retirement System Investment Plan
Mutual Fund RPMGX	T. Rowe Price Mid Gap Growth
Mutual Fund PRNHX	T. Rowe Price New Horizons
Mutual Fund TRRAX	T. Rowe Price Retirement 2010
Mutual Fund PRSCX	T. Rowe Price Science & Tech
Mutual Fund PRGMX	T. Rowe Price GNMA
Mutual Fund PRFDX	T. Rowe Price Equity Income
Mutual Fund VAFAX	Invesco American Franchise A

**Part E –LIABILITIES**

NAME OF CREDITOR	ADDRESS OF CREDITOR
Synchrony Bank	P.O. Box 530912, Atlanta, GA



Direct Dial: (239) 590-4501  
Fax: (239) 590-4595

ROBERT M. BALL, A.A.E.  
EXECUTIVE DIRECTOR

RICHARD WM. WESCH  
PORT AUTHORITY ATTORNEY

April 17, 2019

BOARD OF  
PORT COMMISSIONERS

BRIAN HAMMAN

LARRY KIKER

FRANK MANN

JOHN E. MANNING

CECIL L. PENDERGRASS

Ms. Tammy Lipa  
Lee County Elections Office  
P.O. Box 2545  
Fort Myers, FL 33902

Dear Ms. Lipa:

Please find my enclosed Statement of Financial Interest-2018 that is required to be returned to your office by July 1, 2019.

Also, please find my Final Statement of Financial Interests-2019 that is due to your office within sixty (60) days of my resignation of employment with the Lee County Port Authority, which is effective May 1, 2019.

If you should need any additional information, please do not hesitate to contact me directly at the number above or, if after my end date, at my home email address at [gene@groundschool.org](mailto:gene@groundschool.org).

Sincerely,

LEE COUNTY PORT AUTHORITY

Gene P. Meyers  
Division Director of Administration

GPM/tam  
Enclosures

14 APR 22 AM 08:35 SIOE Lee Co FI

'19APR22AM0834 SOE Lee Co FI

LEE COUNTY PORT AUTHORITY  
Southwest Florida  
International Airport  
11000 Terminal Access Road, Suite 8671  
Fort Myers, Florida 33913-8899

Mr. Danny Dipa  
Lee County Elections Office  
P.O. Box 2545  
Fort Myers, FL 33902



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