

FINAL STATEMENT OF FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Mitchell William P.

NAME OF REPORTING PERSON'S AGENCY:

City of Fort Myers

MAILING ADDRESS:

1511 McGreypk Reserve Drive

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3)

- LOCAL OFFICER
- STATE OFFICER
- SPECIFIED STATE EMPLOYEE

Fort Myers 33901 Lee

CITY: ZIP: COUNTY:

LIST OFFICE OR POSITION HELD:

City Manager

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2015 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS September 30, 2015. (Date must be prior to 12/31/16)

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

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
City of Fort Myers	2200 Second Street Fort Myers, FL 33901	Local Government
Newport News Employee Retirement Fund	2400 Washington Ave Newport News, VA 23607	Pension Fund
Virginia Retirement System	1206 E. Main Street Richmond, VA 23218	Pension Fund
Social Security Administration	3648 Colonial Blvd Fort Myers, FL 33966	Retirement
LCMA-RC	777 North Capitol St. NE Washington, D.C. 20002	Pension Fund (457)

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
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 of this packet.

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.

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.

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 2015, you may not have filed Form 1 for 2014. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2015 by July 1, 2015, 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.

FILING INSTRUCTIONS:

SIGNATURE OF FILER:

Signature: *William F. Malloy*
Date Signed: *October 4, 2015*

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

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	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
BUSINESS ENTITY # 1		<i>W/H</i>			
BUSINESS ENTITY # 2					

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>BMW Finance/Services</i>	<i>P.O. Box 920105 Louisville KY 40290-1065</i>

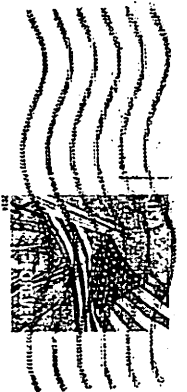
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<i>Savings Accounts</i>	<i>Bank of America</i>
<i>Checking Account</i>	<i>Bank of America</i>
<i>IRA</i>	<i>Bank of America</i>
<i>457 Fund</i>	<i>TCME Retirement Corp.</i>

M. Mitchell
1511 McGregor Reserve Dr.
Fort Myers, FL 33901

LEONOVOSM1135LE001

PT MYERS, FL 339
04 NOV 2015 PM 1 L



Lee County Supervisor of Elections
P.O. Box 2845
Fort Myers, FL 33902-4545

33902284545

