

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

LAST NAME — FIRST NAME — MIDDLE NAME: <b>O'Rourke, Bernard Patrick</b>		NAME OF REPORTING PERSON'S AGENCY: <b>08-09-16 10:08:42</b>
MAILING ADDRESS: <b>616 Wildwood Parkway</b>		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: <b>Cape Coral, FL</b>	ZIP: <b>33904</b>	COUNTY: <b>Lee Co.</b>
LIST OFFICE OR POSITION HELD: _____		

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2016 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS August 31, 2016, 2016. (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

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
<b>Lee Corp v. Boce (11-9/31/16)</b>	<b>P.O. Box 398, Ft. Myers, FL 33902</b>	<b>Economic Dev.</b>
<b>Social Security</b>	<b>Social Security Adm.</b>	<b>Retirement Benefit</b>
<b>Gr Wash. Bd of Trade</b>	<b>1725 I St, N.W. Wash. D.C. 20006</b>	<b>Retirement Benefit</b>

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
<b>N/A</b>			

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

<b>N/A</b>

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
Stocks/Insurance/IRA	Morgan Stanley, Fort Myers
Checking/Money Market	Bank of America, Ft. Myers
Checking	Wells Fargo, Ft. Myers

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Lexus Motor Corp.	Scion on Auto Group, Ft. Myers

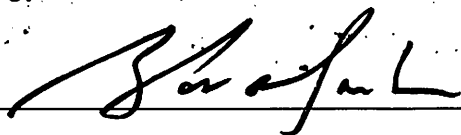
**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	N/A	
PRINCIPAL BUSINESS ACTIVITY	N/A	
POSITION HELD WITH ENTITY	N/A	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	
NATURE OF MY OWNERSHIP INTEREST	N/A	

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

9-7-16

**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 2016, you may not have filed Form 1 for 2015. In that case, this is not the last form you will file. Form 1F covers January 1, 2016, through your last day of office or employment. You will be required to file Form 1 for 2015 by July 1, 2016, 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.



**LEE COUNTY**  
S O U T H W E S T F L O R I D A

**Lee County Administration**  
2115 Second Street, Fort Myers, FL 33901  
Phone (239) 533-2221  
Tuesday, August 30, 2016

Mr. Bernard P. O'Rourke  
616 Wildwood Pkwy  
Cape Coral, FL 33904

RE DISASTER ADVISORY COUNCIL

Dear Mr. Bernard P. O'Rourke :

We are in receipt of your resignation from the above mentioned advisory committee.

The 2000 Legislature adopted certain amendments to Florida Statutes that affect persons required to file Financial Disclosure Form 1. Since you were required to file a Form 1, you are now required to file a final statement of financial interest (Form 1F) within 60 days after leaving office and/or public position, unless you are assuming a new position that would require a financial disclosure.

These forms are available, and must be filed, at the Supervisor of Elections Office, 2480 Thompson Street, Fort Myers, FL 33901, phone number 533-8683, or with the Supervisor of Elections of the county in which you permanently reside. Lee county residents should mail the form to:

**Supervisor of Elections**  
**P.O. Box 2545**  
**Fort Myers, FL 33902-2545**

The Board of County Commissioners wishes to express their sincere appreciation for your service on this committee. Lee County is very fortunate to have dedicated and concerned citizens who will volunteer their valuable time in striving to help make Lee County a better place for all of our residents and visitors. We hope to have the opportunity of working with you again in the future.

Thank you for your volunteer spirit.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

Kim Rasner, Administrative Specialist  
Lee County Administration

B. Pat O'Rourke  
616 Wildwood Parkway  
Cape Coral, FL 33904

08-09 '16 PM08:42



FT MYERS FL 339  
08 SEP 2016 PM 2:11

Supervisor of Elections  
P.O. Box 2545  
Fort Myers, FL 33902-2545

33902-254545

