FORM 1	STATEM	IENT OF		2013	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDE	DLE NAME :			our and the second of the seco	
DHBERG BETHELLEN MAILING ADDRESS :	BOUSER		iauuli	HAM 1011 SOE LEE CO FI	
4271 FULTON	CIRCLE	<u> </u>			
FORT MYERS,	FL 33905 ZIP: COUNTY:	LEE	/		
NAME OF AGENCY: School DISTRI NAME OF OFFICE OR POSITION HE	LT OF LEE CON	7 /			
ScHOOL ADMIN	ISTRATOR - PRINC	CIPAL			
You are not limited to the space on the	lines on this form. Attach additional shee		21	,	
CHECK ONLY IF	OR NEW EMPLOYEE OR	APPOINTEE ////	1114		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (must check one):		HE PRECEDING TAX YEAR THIS STATEMENT IS FOR	R, WHETI THE PRE	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING	
DECEMBER 31, 2	2013 <u>OR</u> 🗀 SPECIF	Y TAX YEAR IF OTHER TH	AN THE C	CALENDAR YEAR:	
MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMI for further details). CHECK THE OR	ING REPORTING THRESHOLDS T PARATIVE THRESHOLDS, WHICH	HAT ARE ABSOLUTE DOLL ARE USUALLY BASED ON	AR VALU PERCEI	JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions	
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
	NCOME [Major sources of income to tiport, write "none" or "n/a")	he reporting person - See inst	ructions]		
NAME OF SOURCE OF INCOME	ADD	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
SCHOOL DISTRICT OF / FE	CHOOL DISTRICT OF GELWARY FORT MYERS, FL 33966		EDUCATION		
COLUMN ST COLUMN					
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	
x//\.				-	
/ <u>Y/</u> -P					
PART C REAL PROPERTY (Land	huildings owned by the reporting person	- See instructions!		<u> </u>	
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
NA			INSTRUCTIONS on who must file		
· · · · · · · · · · · · · · · · · · ·			this form and how to fill it out begin on page 3.		
			i		

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates of deposit, etc See instructions] e" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NA				
77-				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
WELLS FARED HOME MORTGAGE	P.O. Box 660455 DALLAS, TX 25266			
SUNCOAST FENERAL CREDIT HUDN	P.O. BOX 30495 TAMPA, FL 33630			
(If you have nothing to report, write "none" 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 BUSINESS ENTITY # 2			
SIGNATURE (required):	DATE SIGNED (required):			
& BOShing	125/14			
If a certified public accountant licensed under Chap he or she must complete the following statement:	oter 473, or attorney in good standing with the Florida Bar prepared this form for you,			
1. <u>BETHELLEN</u> B. OHBERG Statutes, and the instructions to the form. Upon my	, prepared the CE Form 1 in accordance with Section 112.3145, Florida reasonable knowledge and belief, the disclosure herein is true and correct.			
BBOLLUS Signature	7-13-2014 Date			
// Signature				
FILING INSTRUCTIONS:				

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:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, 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.

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, 2013.

William and BethEllen Ohbery 4271 Fulton Circle Fort Myers, FL 33905

* *ELECTION MAND THE POST OF THE PROPERTY OF T

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