| FORM 1 | STATEMENT O |)F | 2013 | |
|---|---|-----------------------|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL INTER | RESTS | FOR OFFICE USE ONLY: | |
| LAST NAME FIRST NAME MIDD PENNINGTON | LE NAME: ELOISE G | | | |
| MAILING ADDRESS: 1815 SE | 5th Ave | '14Jl | JN 2 PM 2 00 SOE LEE CO F1 | |
| | , | | | |
| CITY: Cape Coral | FL 33990 LEE | | | |
| NAME OF AGENCY: F.M. General | Employeer Pension Boa | W \/ | / | |
| NAME OF OFFICE OR POSITION HE TRUSTEE | LD OR SOUGHT: | V | | |
| You are not limited to the space on the I | nes on this form. Attach additional sheets, if necessary. OR NEW EMPLOYEE OR APPOINTEE | PM 5 | 122 | |
| | PARTS OF THIS SECTION MUST | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU | I PARTS OF THIS SECTION MUS IR FINANCIAL INTERESTS FOR THE PRECEDIN EASE STATE BELOW WHETHER THIS STATEMI | NG TAX YEAR, W | HETHER BASED ON A CALENDAR | |
| DECEMBER 31, 2013 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 | | | | |
| | ICOME [Major sources of income to the reporting per ort, write "none" or "n/a") | son - See instruction | ons] | |
| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | 1 | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| City of Fort Ayers | 2200 Second St. Fal Myers | FL | Salavied employee | |
| . , , , | | 33901 | · · · | |
| | | | | |
| 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 AI | DDRESS SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| | | | | |
| | | | | |
| CART C. DEAL BRODERTY (Lond) | "All and the the secondary pages. Conjecturally | | | |
| (If you have nothing to rep | uildings owned by the reporting person - See instruction ort, write "none" or "n/a") | Fi | ILING INSTRUCTIONS for when not where to file this form are exacted at the bottom of page 2. | |
| | | 11/2 | ISTRUCTIONS on who must file | |
| | | | egin on page 3. | |

| ocks, bonds, certificates of deposit, etc See ins e" or "n/a") | tructions] | | | |
|---|---|--|--|--|
| BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| | | | | |
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| | | | | |
| s] e" or "n/a") | | | | |
| ADDRESS OF CREDITOR | | | | |
| | | | | |
| | | | | |
| | | | | |
| Ownership or positions in certain types of busi or "n/a") BUSINESS ENTITY # 1 | inesses - See instructions] BUSINESS ENTITY # 2 | | | |
| | | | | |
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| | | | | |
| | | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | |
| DATE SIGNED (| required): | | | |
| 5-26- | -2014 | | | |
| ter 473, or attorney in good standing with the | ne Florida Bar prepared this form for you, | | | |
| , prepared the CE Form 1 in acc reasonable knowledge and belief, the discl | cordance with Section 112.3145, Florida osure herein is true and correct. | | | |
| | Date | | | |
| FILING INSTRUCTIONS: | | | | |
| | BUSINESS ENTITY TO W SI BUSINESS ENTITY TO W ADDRES Ownership or positions in certain types of busing or "n/a") BUSINESS ENTITY # 1 E CONTINUED ON A SEPARATE SHE DATE SIGNED (I) 5-26- Ster 473, or attorney in good standing with the prepared the CE Form 1 in accordance and belief, the disclaration of the content | | | |

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

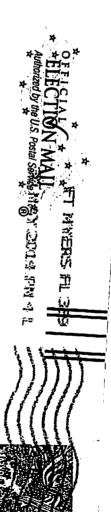
or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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.

ELOISE PENNINGTON 1815 SE 5th AVE. — CAPE CORAL, FL 33990



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