

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

LAST NAME — FIRST NAME — MIDDLE NAME:
PHILP BRUCE ARNOLD

MAILING ADDRESS:
6620 PISA CT

NAPLES FL 34113

CITY: ZIP: COUNTY:

NAME OF REPORTING PERSON'S AGENCY:
ESTERO FIRE & RESCUE

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

LOCAL OFFICER STATE OFFICER
 SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: **SEAT THREE**

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BOTH PARTS OF THIS SECTION MUST BE COMPLETED

COPY

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 12/30/15, 2015. (Date must be prior to 12/31/15)

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
SEE ATTACHED		

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
NONE			

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

NONE

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
SEE ATTACHED	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

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")

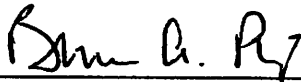
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NA		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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

SIGNATURE OF FILER:

Signature:



Date Signed:

2-10-16

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 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 2014 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.

Part A - PRIMARY SOURCES OF INCOME

<u>NAME OF SOURCE OF INCOME</u>	<u>SOURCE'S ADDRESS</u>	<u>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</u>
Wells Fargo	P.O. Box 3908, Portland OR	Banking
Everbank	11 Oval Drive, Suite 107, Islandia, NY	Banking
Social Security Administration	Washington, D.C.	Treasury

Part D - INTANGIBLE PERSONAL PROPERTY

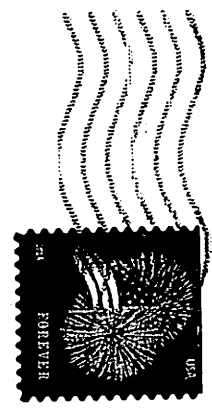
<u>TYPE OF INTANGIBLE</u>	<u>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</u>
Certificates of Deposit	CapitalOne
Cash	Capital Bank
Certificates of Deposit, Cash	Everbank
Mutual Funds, Municipal Bonds	Wells Fargo

6620 Risa Ct
Naples, FL 34113

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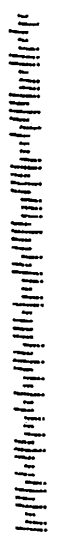
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LEE COUNTY ELECTIONS OFFICE
P.O. Box 2545
FL MYERS, FL 33902

33902254545



**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY - FLORIDA**

<u>PHYSICAL ADDRESS</u> LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 RD FLOOR FORT MYERS FL 33901	<u>MAILING ADDRESS</u> please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239 LEE VOTE 239-533-8683	FAX 239-533-6310 WEBSITE www.lee.vote

TO : Bruce Arnold Philp
Local Officer

FROM : Tammy Lipa
Administration Support Specialist



DATE : February 25, 2016

RE : Incomplete Form 1F Statement of Financial Interest for 2015

You recently filed your Form 1F Final Statement of Financial Interests for 2015 with the office of the Lee County Supervisor of Elections. The form is incomplete. The following must be corrected:

The form filed is a COPY. Form 1F Final Statement of Financial Interest must be filed as an original form bearing the signer's original signature and date.

You are required to file an original SIGNED and DATED form. The original SIGNED and DATED form must be returned immediately in order to comply with the signature and date requirements of Form 1F Final Statement of Financial Interests.

Please use the postage-paid envelope provided to return the enclosed form. I can be reached at 239-533-6329 if you have any questions.

Enclosures: Form 1F Final Statement Of Financial Interests For 2015 For Original Signature And/Or Date
Postage Paid Return Envelope