# FORM 1

# **STATEMENT OF**

2013

| Please print or type your name, mailing<br>address, agency name, and position be   |  | IANCIAL                              | INTERE               | STS   | FOR OFFICE USE ONLY:   |  |
|--|--|--------------------------------------|----------------------|---|--|--|
| LAST NAME FIRST NAME MIDDLE NAME :   |  |                                      |                      |   | 14NOV219N0923 SDE LEE CO F1                                      |  |
| Quisenberry, Betha   | ny Lynne                                     |                                      |                      | 1411015   | 7:4252 225 5-1   |  |
| MAILING ADDRESS: 910 Willard Ave.  |  |                                      |                      |   |  |  |
| 310 WIIIaid Ave.   |  |                                      |                      |   |  |  |
| Lehigh Acres,  | 33972  | Lee                                  |                      |   |  |  |
| CITY:  | ZIP:   | COUNTY:                              |                      |   |  |  |
| NAME OF AGENCY:<br>School District of  | Lee Count                                    | EV                                   |                      |   |  |  |
| NAME OF OFFICE OR POSITION H   |  | <u> </u>                             |                      |   |  |  |
| You are not limited to the space on the  | lines on this form. A                        | ttach additional sheets.             | if necessary.        |   |  |  |
| CHECK ONLY IF CANDIDATE  |  | W EMPLOYEE OR AP                     | ·                    |   |  |  |
| **** BO  | TH PARTS C                                   | F THIS SECTION                       | ON MUST BE           | COMPLE  | ETED ****  |  |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (must check one):   |  | LOW WHETHER THIS                     |                      |   |  |  |
| DECEMBER 31, 2   | 2013 <u>OR</u>                               | SPECIFY T                            | TAX YEAR IF OTHE     | R THAN THE  | CALENDAR YEAR:   |  |
|  | SING REPORTING PARATIVE THRES                | IG THRESHOLDS TH<br>SHOLDS, WHICH AR |                      |   | VALUES, WHICH REQUIRES FEWER ENTAGE VALUES (see instructions for |  |
| ☐ COMPARATIVE (I   | PERCENTAGE)                                  | THRESHOLDS O                         | R 🗆 DO               | OLLAR VAL   | UE THRESHOLDS  |  |
| PART A PRIMARY SOURCES OF<br>(If you have nothing to n   |  |                                      | reporting person - S | ee instructions   | s]   |  |
| NAME OF SOURCE<br>OF INCOME  |  | SOURCE'S<br>ADDRESS                  |                      | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |  |  |
| School District of   | 285  | 2855 Colonial Blvd                   |                      | Principal   |  |  |
| Lee County   | For  | t Myers, FL                          | . 33966              |   |  |  |
|  |  |                                      |                      |   |  |  |
|  |  |                                      |                      |   |  |  |
| PART B SECONDARY SOURCES<br>[Major customers, clients,<br>(If you have nothing to  | and other sources                            |                                      | es owned by the repo | orting person -   | See instructions]  |  |
| NAME OF<br>BUSINESS ENTITY   | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME |                                      | ADDRESS<br>OF SOURCE |   | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE                         |  |
| None   |  |                                      |                      |   |  |  |
|  |  |                                      |                      |   |  |  |
| 1 0.00.00.000.00 1 1 1 1   |  |                                      |                      |   |  |  |
| 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              |  |
| None   |  |                                      |                      |   | rm are located at the bottom                                     |  |
|  |  |                                      |                      | of  | page 2.  |  |
|  |  |                                      |                      |   | STRUCTIONS on who must e this form and how to fill it            |  |
|  |  |                                      |                      |   | it begin on page 3.  |  |

| PART D — INTANGIBLE PERSONAL PROPERTY (Sto<br>(If you have nothing to report, write "none                          |  | ctions]  |  |  |  |
|--|--|--|--|--|--|
| TYPE OF INTANGIBLE   | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES  |  |  |  |  |
| None   |  |  |  |  |  |
|  | '14NOV21AM0923 SOE LEE CO F1   |  |  |  |  |
|  |  |  |  |  |  |
| PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none                   |  |  |  |  |  |
| NAME OF CREDITOR   | ADDRESS OF CREDITOR  |  |  |  |  |
| None   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [O (if you have nothing to report, write "none" NAME OF BUSINESS ENTITY | • • •  | sses - See instructions] BUSINESS ENTITY # 2                 |  |  |  |
| 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  |  |  |  |  |  |
| IF ANY OF PARTS A THROUGH F AR   | E CONTINUED ON A SEPARATE SHEE   | T, PLEASE CHECK HERE   |  |  |  |
| SIGNATURE (required):  | DATE SIGNED (required):  |  |  |  |  |
| Bethary Quiserbex  | 11-19-14   |  |  |  |  |
| If a certified public accountant licensed under Chapte she must complete the following statement:                  | er 473, or attorney in good standing with the F  | Florida Bar prepared this form for you, he or                |  |  |  |
| I,   | , prepared the CE Form 1 in accordance<br>owledge and belief, the disclosure herein is true. | with Section 112.3145, Florida Statutes, and ue and correct. |  |  |  |
| Signature  |  | Date   |  |  |  |
|  | 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.



Franklin Park Elementary 2323 Ford Street Fort Myers, FL 83916

Supervisor of Elections P.O. Box 2545

Ft. Myers, FL 33902