FORM 1 F

FINAL STATEMENT OF **FINANCIAL INTERESTS**

2014

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)			
LAST NAME - FIRST NAME - MIDDLE NAME: Rinald: Thomas / Lenveth MAILING ADDRESS:	NAME OF REPORTING PERSON'S AGENCY: Noucher Alexentry Board Alt Member		
MAILING ADDRESS: 1400 Pompei en ±156	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):		
CITY: 21/103 COUNTY:	LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HE D:	-	
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DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2014 AND THE LAST DATE I HELDSTHEPUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS DESCRIBED ABOVE, WHICH DATE			
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")			
	SOURCE'S DESCRIPTION OF THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY		
Bond, Schoenelt King 400 1 Tamagni Tr Attorner			
PLLC N Naples, FC 34103			
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 NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE			
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PART C REAL PROPERTY [Land, buildings owned by the reporting (If you have nothing to report, write "none" or "n/a")	and where to file this form are located at the bottom of page 2.		

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	
Mutual Fund	A macrican turner	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR $\stackrel{\longleftarrow}{\pm}$	
Bunt of America	796 5th Aucs	
To the control of the	ADDRESS OF CREDITOR #	
	= = = = = = = = = = = = = = = = = = = =	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] [[[[]]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[[]] [[]] [[]] [[]] [[]] [[]] [[]] [[[]] [[]] [[]] [[]] [[[]] [[]] [[]] [[[]] [[]] [[]] [[[]] [[]] [[[]] [[[]] [[]] [[[]] [[[]] [[[]] [[[]] [[[]] [[[[[[[[[[[[[[[[[[[[
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY	NIA	
PRINCIPAL BUSINESS ACTIVITY	NIA	
POSITION HELD WITH ENTITY	NIA	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NIA	
NATURE OF MY OWNERSHIP INTEREST	NIA	
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE:	DATE SIGNED:	
	Aug. 18, 2014	
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 1F 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.		
Signature	Date	
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.)

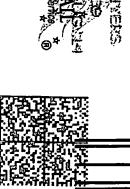
State officers or specified state employees: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

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 2014, you may not have filed Form 1 for 2013. 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 2013 by July 1, 2014, 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.







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