

**Neil Gillespie**

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**From:** "DisclosurePublicRecordsRequest" <DisclosureRecordsRequest@leg.state.fl.us>  
**To:** "Neil Gillespie" <neilgillespie@mfi.net>; "disclosure" <disclosure@leg.state.fl.us>  
**Cc:** "Holmes, Kim" <HOLMES.KIM@leg.state.fl.us>  
**Sent:** Monday, March 28, 2016 10:18 AM  
**Attach:** Bass2012.pdf; Bass2013.pdf; Bass2014.pdf  
**Subject:** RE: Form 6 public records request PID 44574

Neil Gillespie,

Attached are the disclosures filed by Jennifer Lester Bass for the last three years as State Attorney. She has until July 1, 2016 to file Form 6/6A.

If you have any questions, please contact our office.

*Sincerely,  
Emily E. Prine  
Program Specialist  
Financial Disclosure Section  
Florida Commission on Ethics  
Post Office Drawer 15709  
Tallahassee, FL 32317-5709*

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**From:** Neil Gillespie [mailto:neilgillespie@mfi.net]  
**Sent:** Monday, March 28, 2016 8:52 AM  
**To:** disclosure <disclosure@leg.state.fl.us>  
**Subject:** Form 6 public records request

Kimberly Holmes  
Program Administrator  
Financial Disclosure Contact Information  
Post Office Drawer 15709  
Tallahassee, FL, 32317 -5709  
Phone: (850) 488-7864  
E-mail: [disclosure@leg.state.fl.us](mailto:disclosure@leg.state.fl.us)

Dear Ms. Holmes,

Good morning.

This is a public record request for the Form 6 financial disclosure filed by Jennifer Lester Bass, as a Marion County Circuit Court Judge, and Assistant State Attorney, for the past 3 years.

Thank you.

Neil Gillespie

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

PROCESSED

COMMISSION ON ETHICS  
DATE RECEIVED

JUN 17 2013



\*\*\*\*\*AUTO\*\*3-DIGIT 344 T75 P1 116

Jennifer Lester Bass  
Assistant State Attorney  
State Attorney; 5Th Circuit  
Employees  
Ste 5000  
110 Nw 1st Ave  
Ocala, FL 34475-6614

ID Code



ID No 44574

Conf. Code

P. Req. Code

Bass, Jennifer Lester

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2012 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
State Attorney's office	110 Nw 1st Avenue Suite 5000 Ocala, FL 34475	Attorney

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
Bass Const. group Inc.	none	5018 SE 10 Pl. Ocala FL 34471	Construction

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, you must write "none" or "n/a")

3365 SE 2nd Avenue Ocala FL 34471

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.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

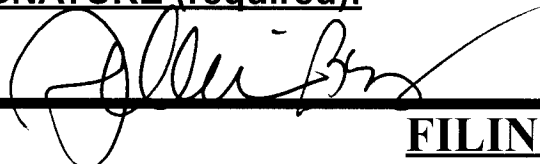
**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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			

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

**SIGNATURE (required):**

**DATE SIGNED (required):**



6/10/13

**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.

**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, 2012.

FOR OFFICE USE ONLY: FLORIDA COMMISSION ON ETHICS

JUN 30 2014

RECEIVED

PROCESSED

Jennifer Lester Bass
Assistant State Attorney
State Attorney; 5Th Circuit
Employees
Ste 5000
110 NW 1st Ave
Ocala FL 34475-6614



ID Code



ID No.

44574

Conf. Code

Bass, Jennifer Lester

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [ ] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

[x] 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 [x] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: State Attorney's Office, 110 NW 1st Avenue Suite 5000, Ocala, FL 34475, Attorney.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: Bass Const. Group Inc., none, 5018 SE 10 Pl., Ocala FL 34471, Construction.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

Table with 1 column: Real property address. Row 1: 3365 SE 2nd Avenue, Ocala, FL 34471

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.

**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

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

*Fannie Mae through Cedar, PO Box 211091, Eagan, MN 55121*  
*TD Bank, 32 Chestnut Street, Lewiston, ME 04240*

NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>Capital City Bank</i>	<i>P.O. Box 900, Tallahassee, FL, 32302</i>
<i>Wells Fargo</i>	<i>P.O. Box 660455, Dallas, TX 75266-0455</i>
<i>Regions Bank</i>	<i>P.O. Box 1984, Birmingham, AL, 35201</i>

**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
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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE (required):**

*[Handwritten Signature]*

**DATE SIGNED (required):**

*6/25/14*

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.

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:**

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**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.

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FOR OFFICE USE ONLY: FLORIDA COMMISSION ON ETHICS

JUN 25 2015

RECEIVED

PROCESSED

AUTO\*\*5-DIGIT 34475 T42 P1 77

Jennifer Lester Bass
Assistant State Attorney
State Attorney; 5th Circuit
Employees
Ste 5000
110 NW 1st Ave
Ocala FL 34475-6614



ID Code

ID No. 44574

Conf. Code

Bass, Jennifer Lester

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [ ] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

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[ ] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [x] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Includes entries for State Attorney's Ofc. and Bass Const. Group, Inc.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

3365 SE 2ND Avenue, Ocala, FL 34471

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**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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
T.D. BANK, 32 Chestnut St. Lewiston, ME 04240	Capitol City Bank, P.O. Box 900, Tallahassee, FL 32312 Wells Fargo, P.O. Box 660455, Dallas, TX 75266
Regions Bank	P.O. Box 1984, Birmingham, AL 35201
Campus Credit Union	3097 SW College Rd, Ocala, FL 34470
Fannie Mae Through Center	P.O. Box 211091, Edgemoor, MN 55121

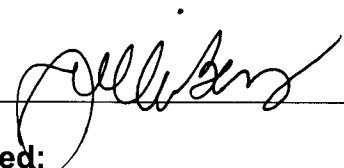
**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
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NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION 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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

6/17/15

**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:**

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**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

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. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHERE TO FILE:**

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**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.

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## Search for Financial Disclosure Filers

### Search Results

In the table below, organization names are linked to coordinator contact information. Supervisor of Election and Commission on Ethics links display the relevant contact information.

If you filed a form and no date appears in the "Filing Requirement Fulfilled" column, then the Supervisor of Elections or Commission on Ethics has not yet recorded receipt of your form. Generally, forms are recorded within a few days of receipt. If you are concerned about the status of your form, please use the contact information under "Statutory Filing Requirement."

Section 112.31445, Florida Statutes, requires that all CE Form 6 Full and Public Disclosure of Financial Interests, other than those of judges and judges of compensation claims, be posted online. Before being posted online, any information required by law to be maintained as confidential must be redacted. For persons other than those who have filed as candidates with the Department of State, this process may take up to 5 business days. Processing times for Form 6 disclosures filed with the Department of State at qualifying may exceed 5 business days. Those forms may be available for viewing on the [Department of State website](#) before they are available here.

Once we have logged in a Form 6, the status will contain the date received and the message "Form Available Soon!" When the Form 6 becomes available online, the Filing Requirement Fulfilled status will have a link to "View Form."

Show filers for previous form years

Your Search for "jennifer bass" returned the following results:

Filer ID	Form Year	Full Name	Organizations	Statutory Filing Requirement	Filing Requirement Fulfilled	Filing History
44574	2014	Bass, Jennifer Lester	<ul style="list-style-type: none"> <li><a href="#">State Attorney; 5Th Circuit-Employees</a></li> </ul>	Form 1 with <a href="#">COE</a>	 06/25/2015	<a href="#">View Filing History</a>

Search Again

### General Information about Filing Financial Disclosure

- Brochure: [A Guide to the Sunshine Amendment and Code of Ethics](#) (PDF)



- [Financial Disclosure Laws](#)
- [The Commission on Ethics Rules on Financial Disclosure](#)
- [Forms and Detailed Instructions](#)

For assistance with financial disclosure, you may wish to contact the Commission's Financial Disclosure Coordinator, Kimberly Holmes, at [disclosure@leg.state.fl.us](mailto:disclosure@leg.state.fl.us) or (850) 488-7864. Address correspondence to P.O. Drawer 15709 Tallahassee, FL 32317-5709.

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.



## Filer Information

### Filer History for Jennifer Lester Bass

Form Year	Organizations	Statutory Filing Requirement	Filing Requirement Fulfilled
2012	<ul style="list-style-type: none"><li>• <a href="#">State Attorney; 5Th Circuit-Employees</a></li></ul>	Form 1 with <a href="#">COE</a>	06/17/2013
2013	<ul style="list-style-type: none"><li>• <a href="#">State Attorney; 5Th Circuit-Employees</a></li></ul>	Form 1 with <a href="#">COE</a>	06/30/2014
2014	<ul style="list-style-type: none"><li>• <a href="#">State Attorney; 5Th Circuit-Employees</a></li></ul>	Form 1 with <a href="#">COE</a>	06/25/2015

Go Back

**Financial Disclosure Contact Information**

**Name:** Kimberly Holmes

**Title:** Program Administrator

**Address:** Post Office Drawer 15709  
Tallahassee, FL, 32317 -5709

**Phone:** (850) 488-7864

**E-mail:** [disclosure@leg.state.fl.us](mailto:disclosure@leg.state.fl.us)

Close this Window

### Financial Disclosure Coordinator Information

**Name:** Suz Geeraerts

**Title:** Executive Director

**Organization:** State Attorney; 5Th Circuit - Employees

**Address:** 110 NW 1st Avenue  
STE 5000  
Ocala, FL, 34475

**Phone:** (352) 671-5907

**Email:** [sgeeraerts@sao5.org](mailto:sgeeraerts@sao5.org)

Close this Window