# CANDIDATE OATH – NONPARTISAN OFFICE

'15JAN12PM1205 SOE LEE CO F1
'15JAN12AM1048 SOE LEE CO F1

(Not for use by Judicial or School Board Candidates)

**OFFICE USE ONLY** 

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, <u>William</u> "Bill" Ribble, Jr.  (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of Uillage of Estero Council , District 1, (office) (district #)
(circuit #) (group or seat #) ; I am a qualified elector of Lee County, Florida
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.
X North Flobbly (239) 777-8131 b.ribble 4estero Agmail. com  Signature of Candidate Telephone Number Email Address
23650 Via Veneto Blvd, 2001, Estevo, FL 34134 Address State ZIP Code
Address City State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): 103134571
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
WIL- yuh m RI-bel
STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me this / Z day of / Awsm , 20 / S.
Personally Known: or Signature of Notary Public
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:

FORM 1	STATEM	MENT OF		2014		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:			
LAST NAME - FIRST NAME - MIDDLE		-	<b>'</b> 15	JAN12AM1048 30E LEE CO F1		
MAILING ADDRESS :		Υ				
23650 Via Vene	to Blvd					
CITY:	ZIP: COUNTY:			<u></u>		
Estero 34134 Lee						
•				15JAN12PM1205SOELEE		
NAME OF OFFICE OR POSITION HELD OR SOUGHT:  VILLAGE OF Estero, Council District 1				); S:		
You are not limited to the space on the lines	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.					
CHECK ONLY IF \( \sqrt{\omega} \) CANDIDATE (	R NEW EMPLOYEE OF	RAPPOINTEE				
**** BOTH I	PARTS OF THIS SECT	TION MUST BE CO	MPLE1	ED ****		
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA: EITHER (must check one):						
DECEMBER 31, 2014	OR OR SPECI	FY TAX YEAR IF OTHER TH	AN THE C	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:						
	CENTAGE) THRESHOLDS	OR 🗆 DOLL	AR VALI	JE 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	<b>.</b>	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
United Parcel Service	DO BOX 569 Pitts	burgh, PA 15236	Retirement - Pension			
Social Security Adminstration	washington	3a, c	Retirement			
PART B - SECONDARY SOURCES OF						
(If you have nothing to repor	other sources of income to busined t, write "none" or "n/a")	sses owned by the reporting pe	rson - See	nstructions		
NAME OF BUSINESS ENTITY	IAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
MH	VIA					
PART C. DEAL PROPERTY (I and the life						
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 form are located at the bottom of page 2.		
3551 Lake Breeze Lane, Gainesville, GA 30506 - Kental				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
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PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor		ificates of depo	sit, etc See ins	structions]	\			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Bear Sterns Access Fund VI	Blackst	one Rea	l Estate	Partners	VT L.P.			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")								
NAME OF CREDITOR	ADDRESS OF CREDITOR							
Chase	POBOX 24696 Columbus, GH 43224 - 0696							
Mortgage Services	10 Box 5459 Mt. Laurel, NJ 08054- 5459							
J 3				,				
PART F — INTERESTS IN SPECIFIED BUSINESSES [ (If you have nothing to report, write "none"  NAME OF BUSINESS ENTITY	[Ownership or positions in certain types of businesses - See instructions]  " or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2							
ADDRESS OF BUSINESS ENTITY		T						
PRINCIPAL BUSINESS ACTIVITY		1 N						
POSITION HELD WITH ENTITY	1/1		\					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A THROUGH F ARE	CONTINUE	ON A SE	ARATE SHE	ET, PLEASE CHEC	K HERE			
SIGNATURE OF FILER:			CPA or ATTORNEY SIGNATURE ONLY					
Signature:			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:					
wal 2 fllh			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.					
Date Signed:		Kilowi	cago and belle	, are disclosure riere.	ii io uue ailu conect.			
		CPA/	Attomey Signat	ure:	•••			
1-12-2015			Date Signed:					

#### 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:**

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.

#### **FILING INSTRUCTIONS:**

#### 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, 2014.