CANDIDATE OATH – NONPARTISAN OFFICE		*15	JAN12PM0131 SOE LEI
(Not for use by Judicial or			
School Board Candidates)		×	OFFICE USE
	TH OF CANDIDA		
I. WALTER ZALISKO			
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON			
am a candidate for the nonpartisan office of	Village of Ea		
, lama qu	alified elector of	(office)	(district) County,
(circuit #) (group or seat #)			0001119,
State of Florida.			s and the Constitution
Walt Zalat (2	134) 676·8853	Estere	orpconneast. NE
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Walt Zalat (2	134) 676·8853	Estere	orpconneast. NE
Nach Zulit Xwelli Zall Signature of Candidate Te <u>P.O. Box 60753</u> Fort Min Address City	1391) 676. 8853 Hephone Number Yees, FL	Estere E 33906 State	mail Address ZIP Code
Nach Zallady (2) Signature of Candidate Te P.O.Box 60753 Fort Min Address City Candidate's Florida Voter Registration Number (* Please print name phonetically on the line below	اعی) (م۲۲، ۲۲ Hephone Number بویج FL Jocated on your voter ir	Estere E 33906 State formation card): <u>10</u>	ZIP Code
Nach Zally (2) Signature of Candidate Te P.O.Box 60753 Fort Min Address City Candidate's Florida Voter Registration Number (2)	اعی) (م۲۲، ۲۲ Hephone Number بویج FL Jocated on your voter ir	Estere E 33906 State formation card): <u>10</u>	ZIP Code
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Nach Zalladi (2) Signature of Candidate Te P.O. Box 60753 Fort Mix Address City Candidate's Florida Voter Registration Number (* Please print name phonetically on the line belowith disabilities (see instructions on page 2 of the STATE OF FLORIDA	Ish) 676. 8853 Ilephone Number Yees, FL Docated on your voter in was you wish it to be is form):	Estere En 33906 State formation card): <u>16</u> e pronounced on the	ZIP Code 8670534 e audio ballot for perso
Nach Zalladi (2) Signature of Candidate Te P.O.Box 60753 Fort Mix Address City Candidate's Florida Voter Registration Number (* Please print name phonetically on the line belowith disabilities (see instructions on page 2 of the STATE OF FLORIDA COUNTY OF LEE	(234) $(676 \cdot 8853)$ (1ephone Number) (1ephone Number)	Estere En 33906 State formation card): <u>16</u> e pronounced on the by of <u>Jaquan</u>	ZIP Code 8670534 e audio ballot for perso
Nach Zully (2) Signature of Candidate Te P.O.Box 60753 Fort Minimum Address City Candidate's Florida Voter Registration Number (* Please print name phonetically on the line belowith disabilities (see instructions on page 2 of the STATE OF FLORIDA COUNTY OF LEE Sworn to (or affirmed) and subscribed before	(331) $(676 \cdot 8853)$ (1ephone Number) (1ocated on your voter in the second sec	Estere En 33906 State formation card): <u>16</u> e pronounced on the pronounced on the spronounced on the up of <u>Jaquan</u> ignature of Notary Pub	ZIP Code 8670534 e audio ballot for perso

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Rule 1S-2.0001, F.A.C.

EODM 1				3014			
FORM 1	_	IENT 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 MIDE			?15Jf	1012PM0131 SOE LEE OD F1			
ZALISKO, WAC	itk						
P.O. BOY 60753							
Fort Myers, FL	33906 LEE						
CITY :	ZIP : COUNTY :						
NAME OF AGENCY :							
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :						
Village of Estero Cour							
You are not limited to the space on the CHECK ONLY IF CANDIDATE	OR IN NEW EMPLOYEE OF	-					
A DESCRIPTION OF A DESC	PARTS OF THIS SEC	TION MUST BE COI	MPLE7	ED ****			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU							
YEAR OR ON A FISCAL YEAR. PL EITHER (must check one):	EASE STATE BELOW WHETHER	THIS STATEMENT IS FOR	THE PRE	CEDING TAX YEAR ENDING			
DECEMBER 31, 2							
MANNER OF CALCULATING RE	PORTABLE INTERESTS:						
FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COM							
for further details). CHECK THE ON							
	PERCENTAGE) THRESHOLDS	<u>OR</u> DOLL		JE THRESHOLDS			
PART A PRIMARY SOURCES OF I	NCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See inst	ructions]	-			
NAME OF SOURCE			DE	SCRIPTION OF THE SOURCE'S			
OF INCOME		SOURCE'S ADDRESS		PRINCIPAL BUSINESS ACTIVITY			
NEWJERSAY Div. PEnsions	50 W. State St. Teent	50W. State St. Teenton, N.J 08625					
Global Investigative Gep.	POGOTS3, Fort myer	POGOTS3, Fort myees, FL 33906					
				r. 51 - *			
	OF INCOME and other sources of income to busine: port, write "none" or "n/a")	sses owned by the reporting pe	rson - See	instructions]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA	tu (A	A/W A/M		NA			
				[x]			
PART C REAL PROPERTY [Land, I		on - See instructions]	FILING	G INSTRUCTIONS for when			
(If you have nothing to report, write "none" or "n/a")			and w	here to file this form are d at the bottom of page 2.			
13418 IRSINA DR. ESTERO, FL 33928				UCTIONS on who must file			
				orm and how to fill it out on page 3.			
	Sec. A Pra						

		the second s				
PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, write		es of deposit, etc See ir	nstructions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Deferred Comp. Arct.	Pruch-en	Prod-ential Retirement				
PART E — LIABILITIES [Major debts - See instru (If you have nothing to report, write						
NAME OF CREDITOR		ADDRE	SS OF CREDITOR			
Eifizens Barrik						
BANK of America						
		4				
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "r	none" or "n/a")					
NAME OF BUSINESS ENTITY		SENTITY#1 figative Gep.	BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY		5753 Font Myer				
PRINCIPAL BUSINESS ACTIVITY	Investigatio					
POSITION HELD WITH ENTITY	President - 0					
I OWN MORE THAN A 5% INTEREST IN THE BUSIN		Didic				
NATURE OF MY OWNERSHIP INTEREST	5.7					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE OF F	ILER:	CPA or ATT	ORNEY 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:				
N. Teluto		the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable				
Date Signed:		knowledge and beli	ef, the disclosure herein is true and correct.			
		CPA/Attorney Signature:				
1-915		Date Signed:				
		Date Signed.				
	FILING INSTR WHERE TO FILE:	UCTIONS:				
WHAT TO FILE: After completing all parts of this form, including	If you were mailed the for	m by the Commission	WHEN TO FILE: Initially, each local officer/employee, state officer,			
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Sup your annual disclosure filin that location.	ervisor of Elections for	and specified state employee must file <i>within</i> 30 days of the date of his or her appointment or of the beginning of employment. Appointees			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).	Local officers/employe Supervisor of Elections of the permanently reside. (If you reside in Florida, file with county where your agency	he county in which they u do not permanently the Supervisor of the	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. <i>Candidates</i> for publicly-elected local office must file at the same time they file their qualifying papers.			
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	State officers or specifi file with the Commission of 15709, Tallahassee, FL address: 325 John Knox R 200, Tallahassee, FL 32303	on Ethics, P.O. Drawer 32317-5709; physical Road, Building E, Suite	<i>Thereafter</i> , 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.			
officer is not required to file with the Commission or Supervisor of Elections.	Candidates file this form qualifying papers.	n together with their	Finally, at the end of office or employment, each local officer/employee, state officer, and specified			
	To determine what categ under, see the "Who Mus page 3.		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 sho was in			
	be accepted.	the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.				