CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, Adam V. WASZKOWSKI (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
(CI) O()
am a candidate for the nonpartisan office of Village of Estero Council ,,; I am a qualified elector of
County, Florida;
(circuit #) (group or seat #)
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. **Signature of Candidate** Telephone Number** Email Address* **Telephone Number** Email Address* **Telephone Number** *
21680 BRIVHAM RUN ESTERN FL 33928
Address City State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): 111433772
* 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):
Wuhz-KOU.skee
STATE OF FLORIDA
COUNTY OF LEE
Sworn to (or affirmed) and subscribed before me this 13 day of 3 day of 3 .
Personally Known: or
Signature of Notary-Public Print, Type, or Stamp Commissioned Name of Notary Public
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: FL DL NOTARY PUBLIC
STATE OF FLORIDA Comm# FF131843
Expires 6/11/2018

FORM 1	STATEM	ENT 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 MIDI	DLE NAME: FOAM VERNON		_		
MAILING ADDRESS: 21683 BRIKHAM	RUA LOOP				
Cottero	ZIP: COUNTY:			, <u>, , , , , , , , , , , , , , , , , , </u>	
CITY: Estero	E				
NAME OF AGENCY: Village			€ ::23 }		
NAME OF OFFICE OR POSITION H	5				
You are not limited to the space on the	ets, if necessary.		<u> </u>		
CHECK ONLY IF (XXX) CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE		F	
**** BOT	H PARTS OF THIS SECT	TON MUST BE COM	/IPLET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PEITHER (must check one):	OUR FINANCIAL INTERESTS FOR T LEASE STATE BELOW WHETHER	THE PRECEDING TAX YEAR THIS STATEMENT IS FOR T	R, WHETH THE PRE	IER BASED ON A CALENDAR CEDING TAX YEAR ENDING	
DECEMBER 31,	2014 <u>OR</u> 🗆 SPECII	FY TAX YEAR IF OTHER THA	AN THE C	ALENDAR YEAR:	
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF U CALCULATIONS, OR USING COM for further details). CHECK THE C	SING REPORTING THRESHOLDS T IPARATIVE THRESHOLDS, WHICH	THAT ARE ABSOLUTE DOLL ARE USUALLY BASED ON	AR VALU PERCEN	ES, WHICH REQUIRES FEWER ITAGE VALUES (see instructions	
F 335 5 400	(PERCENTAGE) THRESHOLDS	OR A DOLLA	AR VALL	E THRESHOLDS	
PART A PRIMARY SOURCES OF (If you have nothing to r	INCOME [Major sources of income to eport, write "none" or "n/a")	the reporting person - See instr	ructions]		
NAME OF SOURCE OF INCOME	(A)	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
noples Asset Mosocene	ent Co 1100 5th AV	t South	Investment Advisory		
. 0		pp 4 fl 34102		1	
				ş	
PART B - SECONDARY SOURCES	S OF INCOME		- (P) - (-)		
[Major customers, clients	, and other sources of income to busine report, 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			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NH					
14		8			
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.		
21680 BRIVHAM RUNLUSP ETTERIZL 33928				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					
IRA (Mutual Gunds/ETFs)	Filelity lavestnests					
	,					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	s] e" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Americas Serving Co	PO BOX 10335 Des Maines IA 50306 &					
Wells forge BANK	PO Bo	ok 16335	Dos Majner IA 50366 E			
Ų						
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") BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY			r			
ADDRESS OF BUSINESS ENTITY	1/1		Ţ.			
PRINCIPAL BUSINESS ACTIVITY	NH		, , , , , , , , , , , , , , , , , , ,			
POSITION HELD WITH ENTITY	10/1					
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:		CPA or ATTORNEY SIGNATURE ONLY				
Signature: Date Signed:		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,				
-1/13/10		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.