CANDIDATE OATH -

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)

Check box *only* if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

"20MAY22PM0307 SDE Lee Co F1

OFFICE USE ONLY

(Sec	Candidate O		
l, Darleen Hathaway			
	pound Last Names). rinted on the ballot, to	No change can be no ne name must be printe	nade after the end of qualifying.
		(Office)	(District #)
(Circuit #) Seat 2 ; I am a qual	ified elector of	Lee	County, Florida;
I am qualified under the Constitution and the Lav	vs of Florida to hold t	he office to which I des	sire to be nominated or elected; I
have qualified for no other public office in the star	te, the term of which	office or any part there	of 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 S	states and the Constit	ution of the State of FI	orida.
Candidate's Florida Voter Registration Number	r (located on your voter	information card):	11681302
Phonetic spelling for audio ballot: Print name pallot as may be used by persons with disabilities (
X Dechallous 239 Signature of Candidate Telepho	634.6019 one Number	hathaway@sa	ncarlosfire.org Email Address
9159 Morris Road, Fort Myers,		FL	33967
Address City		State	ZIP Code
STATE OF FLORIDA	Sign	lature of Notary Publ	
COUNTY OF			ned Name of Notary Public below:
Swom to (or affirmed) and subscribed before me by physical 💹	or	V	
onlinepresence this	20.	I IENNI	FER BOSSI
Personally Known: or Produced Identification:		State of Flo	rida-Notary Public
Type of Identification Produced:		My Comr	mission Expires y 06, 2021
DS-DE 302NP (Rev. 04/20)			7 00, 2021

FORM 1

STATEMENT OF

2	0	1	9
-	v		_

Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIC	DLE NAME :		_		
Hathaway, Darleen					
MAILING ADDRESS:					
9159 Morris Road					
Fort Myers, FL 33	967 Le	e			
CITY:	ZIP: COUNTY:				
San Carlos Park F	ire District				
	Soot 2				
Fire Commissioner NAME OF OFFICE OR POSITION		· · · · · · · · · · · · · · · · · · ·	ಗ		
CHECK ONLY IF (CANDIDAT	OR NEW EMPLOYEE OR	APPOINTEE	20ff) 223 **** NG DECEMBER 31, 2019.		
	**** THIS SECTION MUS	T BE COMPLETED	****		
DISCLOSURE PERIOD:			J.		
THIS STATEMENT REFLECTS	YOUR FINANCIAL INTERESTS FO	R CALENDAR YEAR ENDI	NG DECEMBER 31, 2019.		
	3 REPORTABLE INTERESTS:		(B)		
FILERS HAVE THE OPTION OF	USING REPORTING THRESHOLD	DS THAT ARE ABSOLUTE [OOLLAR VALUES, WHICH REQUIRES! / BASED ON PERCENTAGE VALUES!		
	IS). CHECK THE ONE YOU ARE U		BASED ON PERCENTAGE VALUES		
COMPARATIVE	(PERCENTAGE) THRESHOLDS	OR DOLLA	R VALUE THRESHOLDS		
	INCOME [Major sources of income to teport, write "none" or "n/a")	he reporting person - See instru	ctions]		
NAME OF SOURCE OF INCOME	•	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Wells Fargo Bank	12751 S. Cleve		Banking		
WCIIB Idigo Dank	12,31 8. 010.0				
PART B - SECONDARY SOURCE	S OF INCOME				
[Major customers, client	, and other sources of Income to busines report, write "none" or "n/a")	ses owned by the reporting pers	on - See Instructions]		
NAME OF	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE		
N/A		·			
	, buildings owned by the reporting person eport, write "none" or "n/a")	n - See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.		
			FILING INSTRUCTIONS for when		
N/A			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		

TYPE OF INTANGIBLE	ne" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A					
	The state of the first and brightness to	er er en en er en	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
PART E — LIABILITIES Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/a")				
NAME OF CREDITOR		ADDR	ESS OF CREDITOR		
N/A					
The state of the s			usin-see Con instructional		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	" or "n/a")		BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	BOSIN	ESS ENTITY # 1	BUSINESS ENTIT # 2		
ADDRESS OF BUSINESS ENTITY	N/A				
PRINCIPAL BUSINESS ACTIVITY	,				
POSITION HELD WITH ENTITY					
OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING		the state of the second and the second secon	and the second s		
For elected municipal officers required to complete an	nual ethics training	pursuant to section 112.31	42, F.S.		
I CERTIFY THAT I	HAVE COMP	PLETED THE REG	QUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARI	CONTINUED (ON A SEPARATE SH	EET, PLEASE CHECK HERE		
SIGNATURE OF FILER:		CPA or AT	CPA or ATTORNEY SIGNATURE ONLY		
Signature:		in good standing with	If a certified public accountant licensed under Chapter 473, or attomey in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:		
Darle Marine		instructions to the for	I,, prepared the Ci 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.		
)	RI			
Date Signed:		CPA/Attorney Signate	rice:		

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email, Choose only one filing method. Form 6s will not be accepted via email.

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

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment, Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.