WILLIAMS, WILLIAM FRANK 20043 ALANA CT ESTERO FL 33928

# CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)						
1, WILL AM F. W. LLIAMS OF QUALIFYING)						
am a candidate for the nonpartisan office of COMMISSIONEY  (office)  County, Florida;						
am a candidate for the nonpartisan office of COMMISSIONEY PIPLE X/1830.8						
(office)						
(circuit #) (group or seat #) (group or seat #) (circuit #) (group or seat #)						
(circuit #) (group or seat #)						
(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 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 Williams (239) 405-7329 WFW. II.AM S HOTHAIL Signature of Candidate Telephone Number Email Address	· 60 M					
Signature of Candidate Telephone Number Email Address						
-						
20043 ALANA Court, Estero FL 33928 Address State ZIP Code						
200 4.3 ALANA COULT, City State ZIP Code						
Address						
11/8/01/						
Candidate's Florida Voter Registration Number (located on your voter information card): 117648194						
Candidate's Florida voter registration remarks						
* 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):						
	1					
STATE OF FLORIDA						
COUNTY OF <u>lee</u>						
Sworn to (or affirmed) and subscribed before me this						
Personally Known: or						
Produced Identification: Comm# EE036515 Expires 10/21/2014						
Type of Identification Produced:						

124 <b>3 1 2 1</b> 1	STATEMENT	OF		2011
FORM 1	FINANCIAL INTI			
lease print or type your name, mailing ddress, agency name, and position below:		FOR OFFIC	j se	ڏم
AST NAME FIRST NAME MIDDLE	LLIAM, Frank	USE ONLY		ZFEBZ40M1031 SOE LEE CO FI
				<u>R</u> _
AAILING ADDRESS: 20043 ALA	INA COUFF	<i>₩</i>	As determined the	33
20070				
	ZIP: COUNTY:	1	ID No.	9
Estero	33928 Lee			
NAME OF AGENCY:			Conf. Code	Ö
Estora Fire Resul			P. Req. Code	72
NAME OF OFFICE OR POSITION HEL	0 N D F			
Variable Space on the lin	ies on this form, Attach additional artests, a movement	у.		san e e e e
CHECK ONLY IF THE CANDIDATE	OR NEW EMPLOTEE ONTA S S			
	L DARTS OF THIS SECTION MI	IST BE COMP	LETED ****	
oisci OSURE PERIOD:	FINANCIAL INTERESTS FOR THE PRECEDING OW WHETHER THIS STATEMENT IS FOR THE	TAX YEAR, WHETHE	R BASED ON A CALE	NDAR YEAR OR ON
THIS STATEMENT REFLECTS YOUR F	FINANCIAL INTERESTS FOR THE PRECEDING OW WHETHER THIS STATEMENT IS FOR THE	PRECEDING TAX YE	AR ENDING ELLHER (	(Must check only)
DECEMBER 31, 2011	OK a ar 52% c			
<i>(</i> =		ESHOLDS THAT AF	E ABSOLUTE DOLL	AR VALUES, WHICH
THE LEGISLATURE ALLOWS FILER	TABLE INTERESTS: S THE OPTION OF USING REPORTING THE , OR USING COMPARATIVE THRESHOLDS, W F STATE BELOW WHETHER THIS STATEMENT	HICH ARE USUALLY	' BASED ON PERCE! (must check one):	VIAGE AVEGES (900
instructions for further details). PLEASI	E STATE BELOW WHETHER THIS STATEMENT	DOLLAR V	LUE THRESHOLDS	
COMPARATIVE (PERCENTAGE	E) THRESHOLDS OR  INCOME (Major sources of income to the reportir  proof, you must write "none" or "n/a")	g person - See Instru	ctions p. 4)	<del></del>
PART A PRIMARY SOURCES OF I	pport, you must write "none" or "n/a")		precipition (	F THE SOURCE'S
NAME OF SOURCE	SOURCE'S ADDRESS		PRINCIPAL BUS	INESS ACTIVITY
OF INCOME	COMPTY ALBAN	, a, V	Class Oak	( ( )
NYS RetireMent S	'. '. '. '. '. '. '. '. '. '. '. '. '. '			
	W. AOLES'EX	MA		
	MINT Rativement, Billane	CA MA		ent System
	MIPPLESEX POLICE	CA MA		irchent System ent System
777110712324	MINT RATIFORMENT, Billare YStor BOARD	/	Co Rehien	ent System
DART B - SECONDARY SOURCES	MINT RATIFOMENT BILLARE  YS FOL BOARD  S OF INCOME	/	Co Rehien	ent System
DART B - SECONDARY SOURCES	S OF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")	ed by the reporting pe	Co Rehien	p. 4)
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to	S OF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES	/	Co Rehien	p. 4)
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to	S OF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")	ed by the reporting pe	Co Rehien	p. 4)
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to	S OF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES	ed by the reporting pe	Co Rehien	p. 4)
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to	S OF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES	ed by the reporting pe	Co Rehien	p. 4)
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY	S OF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ed by the reporting pe  ADDRESS  OF SOURCE	rson - See instructions	p. 4) INCIPAL BUSINESS TIVITY OF SOURCE
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to  NAME OF BUSINESS ENTITY	S OF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES	ed by the reporting pe  ADDRESS  OF SOURCE	rson - See instructions PR AC	p. 4)
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Lan (If you have nothing to	SOF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  ad, buildings owned by the reporting person - See report, you must write "none" or "n/a")	ed by the reporting pe  ADDRESS  OF SOURCE	rson - See instructions PR AC  FILING INST when and where are located at ti	p. 4) INCIPAL BUSINESS TIVITY OF SOURCE RUCTIONS for to file this form the bottom of page 2.
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to  NAME OF BUSINESS ENTITY	S OF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ed by the reporting pe  ADDRESS  OF SOURCE	rson - See instructions PR AC  FILING INST when and where are located at ti INSTRUCTIO file this form ar	p. 4) INCIPAL BUSINESS TIVITY OF SOURCE RUCTIONS for to file this form the bottom of page 2. INS on who must and how to fill it out
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Lan (If you have nothing to	SOF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  ad, buildings owned by the reporting person - See report, you must write "none" or "n/a")	ed by the reporting pe  ADDRESS  OF SOURCE	FILING INST when and where are located at ti INSTRUCTIO file this form an begin on page 3	p. 4) INCIPAL BUSINESS TIVITY OF SOURCE  RUCTIONS for to file this form the bottom of page 2. INS on who must aid how to fill it out 3.
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Lan (If you have nothing to	SOF INCOME , and other sources of income to businesses own report, you must write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  ad, buildings owned by the reporting person - See report, you must write "none" or "n/a")	ed by the reporting pe  ADDRESS  OF SOURCE	FILING INST when and where are located at ti INSTRUCTIO file this form ar begin on page:	p. 4) INCIPAL BUSINESS TIVITY OF SOURCE RUCTIONS for to file this form the bottom of page 2. INS on who must ad how to fill it out

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc See instructions p. 5) (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, your must w		/a")	*12FEB249#1031			
NAME OF CREDITOR	AODRESS OF CREDITOR 税					
			9			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]  (If you have nothing to report, you must write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3T1						
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):			(required):			
William F. William Feb 22, 2012						

#### 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.

# **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 the 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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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, 2011.