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CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

MARTIN, JOHN F #104 16220 VIA SOLERA CIR FORT MYERS FL 33908

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)	
I, JOHN F. (JACK) MARTIN (P) FASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)	
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)	İ
am a candidate for the nonpartisan office of SAIL HAR BOUR CDD , (district #)	
(district #) (circuit #) (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 Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.	
X John F martin () 989-0799 JPMARTINDOR C. Signature of Candidate Telephone Number Email Address EARTHLINK.	 •
Signature of Candidate Telephone Ministry	151
16220 VIA SOLERA CIR #104 FTMYERSFL 33908 Address City State ZIP Code	
Candidate's Florida Voter Registration Number (located on your voter information card): _//5-889 734_	
* 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):	
STATE OF FLORIDA	
COUNTY OF LEE	
Sworn to (or affirmed) and subscribed before me this 18th day of May, 2012	7
Personally Known: or Signature of Notary Public	٢
Produced Identification: Print, Type, or Stamp Commissioned Name of Notany-Public	
Type of Identification Produced: Type of Identification Produced: Type of Identif	

FORM 1	STATEM	ENT OF	MON	2011		
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL FINANCIAL	INTEREST	SULLI			
LAST NAME FIRST NAME MIDD	LE NAME :	FOR C	OFFICE DNLY:			
M/ MARTIN, JOHN F #104 16220 VIA SOLERA CI CI FORT MYERS FL 339			ID Code	*12MAY18#11		
NAME OF AGENCY: NAME OF OFFICE OR POSITION HE You are not limited to the space on the li CHECK ONLY IF TO CANDIDATE	ELD OR SOUGHT: H3 nes on this form, Attach additional sheets OR IN NEW EMPLOYEE OR A		Conf. Code P. Req. Code	12MAY1801101SOELEEC0F1		
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):						
PART A PRIMARY SOURCES OF I		ne reporting person - See inst	VALUE THRESHOLDS ructions p. 4]			
NAME OF SOURCE OF INCOME CHARLES SOHW JANIAZEK & Campan	SOU	rce's ress # GITY DE 100 FTMY	DESCRIPTION OF THE PRINCIPAL BUSINES WAS PL 33907/R/ JUWWD VLG-CO			
SOCIAL SECURI	TYPOBOX3600 a	ILKESBARRE,	1 NUESTON	-		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS						
BUSINESS ENTITY	OF BUSINESS' INCOME	OE-SOURCE		OF SOURCE		
N						
PI						
PART C REAL PROPERTY [Land, (If you have nothing to re	buildings owned by the reporting person port, you must write "none" or "n/a")		FILING INSTRUCT when and where to file are located at the botto INSTRUCTIONS on file this form and how begin on page 3.	this form om of page 2. who must		
A			OTHER FORMS you to file are described or			

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					
IRA	CHARLES SCHWAB					
IRA	JANICZEK + COMPANY					
		On the Selection of Manager & Co. 2 & No.				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, you must w						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
WELLS FARGO	POBOX 10335 DESMONESIA	\$230				
BB ! T BANK	B.B. GT. COM					
23 11 01111	10.10.1					
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")						
	S ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3	녆				
NAME OF BUSINESS ENTITY		LAU				
ADDRESS OF BUSINESS ENTITY	N	TOT METABLET				
PRINCIPAL BUSINESS ACTIVITY		101				
POSITION HELD WITH ENTITY	H	8				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NAPURE OF MY OWNERSHIP INTEREST		8				
	RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE	T				
SIGNATURE (required):	DATE SIGNED (required):	n puncendari				
John F. marken	5/18/12					
FILING INSTRUCTIONS:						

WHAT TO FILE:

After completing all parts of this form, including slaning 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.

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: 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.