111377624

# CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

MOEDER, DANIEL CHARLES 625 LAKE MUREX CIR SANIBEL FL 33957

OATH OF CANDIDATE (Section 99.021, Florida Statutes) I, DANIEL CHARLES MOEDER

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT\* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) am a candidate for the nonpartisan office of <u>SANIBEC PUBLIC LIBRARY DISTRICT</u>

SEAT

(office)

(district#)

(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. H Mondon (234) 472-5293 DMOECO ao lo COM
Signature of Candidate Telephone Number Email Address 675 Late Murex Circle, SANIBEL FL 33957

dress City State ZIP Code Candidate's Florida Voter Registration Number (located on your voter information card): ///377624 \* 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): MAEDER STATE OF FLORIDA COUNTY OF \_ Lee Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_\_\_, 20\_12\_. Personally Known: \_\_\_\_\_\_ or CATHERINE A CANGELOSI Signature of Notary Public

MY COMMISSION # EE086985 Print, Type, or Stamp Commissioned Name of Notary Public EXPIRES November 30, 2014 Type of Identification Produced: FloridaNotaryService.com

| FORM 1   | S   | TATEM  | ENT OF   |  |                        |   | 2011  |
|--|---|--|--|--|------------------------|---|---|
| Please print or type your name, mailing address, agency name, and position belo  | w. FINA   | ANCIAL   | INTERE   | ESTS   |                        |   |   |
| LAST NAME FIRST NAME MIDDI<br>MOEDER DAN<br>MAILING ADDRESS :  |   | RLES   |  | FOR OFF<br>USE ONL   |                        |   |   |
| 625 LA   | AKE MUI   | REY CIR  | CLE  | :  | ID Code                |   |   |
| SANIBEL<br>CITY: A   | 33957<br>ZIP JA                                   | LEE<br>COUNTY: 1                                       |  |  | ID No.                 |   |   |
| CITY OF NAME OF AGENCY: JI   |   | Conf. Coo  | le ·   | 全<br>9<br>4  |                        |   |   |
| NAME OF OFFICE OR POSITION HE  | LD OR SOUGHT :                                    |  | SONTS  |  | P. Req. C              | ode   |   |
| SANIBEL PUBLIC LI You are not limited to the space on the li   |   |  | <u>-</u>   | #<br>#<br>Q  |                        |   |   |
| CHECK ONLY IF CANDIDATE  | OR 🔲 NEW  | / EMPLOYEE OR A  | PPOINTEE   |  |                        |   | L150Ti stras 1  |
| **** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BEI DECEMBER 31, 201  | FINANCIAL INTERS<br>OW WHETHER TH                 | ESTS FOR THE PRI                                       | ION MUST BE<br>ECEDING TAX YEAR<br>FOR THE PRECEDII<br>TAX YEAR IF OTHER                                       | R, WHETHE<br>NG TAX YE   | R BASED O<br>AR ENDING | N A CALEN<br>EITHER (r                        | IDAR YEAR OR ON nust check one):  |
| MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS  | S THE OPTION C<br>OR USING COMP<br>ESTATE BELOW V | OF USING REPORT<br>PARATIVE THRESH<br>VHETHER THIS STA | OLDS, WHICH ARE  | S EITHER (   | RASED ON               | one):   | R VALUES, WHICH<br>TAGE VALUES (see   |
| PART A PRIMARY SOURCES OF I  |   | OR<br>urces of income to the                           | CONTRACTOR CONTRACTOR OF THE PROPERTY OF THE P | 三分子/ 100mm | <b>法不管的实验的 化氯化二氯</b>   |   | त्रक्ष प्रकार विश्वपृत्तिक विश्वपृत्तिक विश्वपृत्तिक विश्वपृत्तिक विश्वपृत्तिक विश्वपृत्तिक विश्वपृत्तिक विश्वप |
| (If you have nothing to re   | port, you must wri                                | te "none" or "n/a")                                    | RCE'S  | ļ  |                        | PTION OF                                      | THE SOURCE'S  |
| OF INCOME  | ADDRESS   |  |  | PRINCIPAL BUSINESS ACTIVITY  |                        |   |   |
| PENSIAN CITIGRO  |   | Park Ave.  |  | 1  | Civanci                |   | ruices  |
| Pension VISA INTER   |   |  | RD CENTER  | Z, FOSTE   | ERCITY                 | , CA,   | FIN. SERV   |
| SOCIAL SECURITY  | US  | GOUT:  |  |  |                        |   |   |
| PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re   | and other sources o                               | of income to busines                                   | ses owned by the rep   | porting perso  | on - See inst          | ructions p.                                   | 4]  |
| NAME OF<br>BUSINESS ENTITY   | NAME OF MAJ<br>OF BUSINES                         |  | ADDR<br>OF SOL   |  |                        |   | CIPAL BUSINESS<br>ITY OF SOURCE   |
| NONE   |   |  |  |  |                        |   |   |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions (If you have nothing to report, you must write "none" or "n/a")  625 Lalce Muret Circle, Sanbel, FL 33957 |   |  |  |  | when and are locate    | where to<br>d at the b<br>CTIONS<br>orm and h | CTIONS for file this form pottom of page 2. Son who must low to fill it out                                     |
|  |   |  |  | Security 20  |                        |   | you may need<br>d on page 6.  |

| And the second s |              |   |                         |                     |  |  |  |  |
|--|--------------|---|-------------------------|---------------------|--|--|--|--|
| 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 INTANGIE   | BLE          | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |                         |                     |  |  |  |  |
| STock  |              | CITIGEOUP                                     |                         |                     |  |  |  |  |
| MUTUAL FUNDS   |              | FIDELIT                                       | · Y                     |                     |  |  |  |  |
| PREFERRED STO  | cks (vanous  | Georgia                                       | Pawer Co, Gren. Elec.   | tric, others        |  |  |  |  |
| PART E — LIABILITIES [Major debts - See instructions p. 5]  (If you have nothing to report, you must write "none" or "n/a")  |              |   |                         |                     |  |  |  |  |
| NAME OF CREDITOR   |              | ADDRESS OF CREDITOR                           |                         |                     |  |  |  |  |
| GMAC AUTOMAT   | IVE FINANC   | 12 65   | BLOOMINGTON MW.         | D<br>D              |  |  |  |  |
|  |              | ***************************************       | ,                       | LO                  |  |  |  |  |
|  |              |   |                         | <del>ර්</del><br>හු |  |  |  |  |
| 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 # 3   |              |   |                         |                     |  |  |  |  |
| NAME OF BUSINESS ENTITY  |              |   | ***                     | p                   |  |  |  |  |
| ADDRESS OF BUSINESS ENTITY   | 111          | 7   |                         |                     |  |  |  |  |
| PRINCIPAL BUSINESS ACTIVITY  | ///          | 7   |                         |                     |  |  |  |  |
| POSITION HELD WITH ENTITY  |              |   |                         |                     |  |  |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   |              |   |                         |                     |  |  |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   |              |   |                         |                     |  |  |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE   |              |   |                         |                     |  |  |  |  |
| SIGNATURE (requir  | <u>'ed):</u> |   | DATE SIGNED (required): |                     |  |  |  |  |
| Dellar   | lan          |   | 5/21/12                 |                     |  |  |  |  |

## 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 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.

<u>Facsimiles</u> 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.