CANDIDATE OATH – NONPARTISAN OFFICE

*14JUN10AH0932 SUE LEE CO F1

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

	OATH OF CANDIDATE (Section 99.021, Florida Statutes)	
1, BRUCE PHILP		
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR	ON THE BALLOT * NAME MAY NOT BE	E CHANGED AFTER THE END OF QUALIFYING)
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR am a candidate for the nonpartisan office of	Board of Commissioners	5- Seat 3
7	(office)	(district #)
(circuit #) (group or seat #)	qualified elector of	County, Florida;
I am qualified under the Constitution and the elected; I have qualified for no other public concurrent with the office I seek; and I have Section 99.012, Florida Statutes; and I will state of Florida.	e Laws of Florida to hold the office in the state, the term of resigned from any office from we support the Constitution of the U	fice to which I desire to be nominated or of which office or any part thereof runs which I am required to resign pursuant to Jnited States and the Constitution of the
x Bruff	039) 949-6065	philybkicle action
Signature of Candidate	Telephone Number	Email Address
10012 Or And Pudge Ly City	Bonita Springs G	3-13 ZIP Code
Candidate's Florida Voter Registration Numb	er (located on your voter information	on card):
* Please print name phonetically on the line to with disabilities (see instructions on page 2 of the line to the l		unced on the audio ballot for persons
STATE OF FLORIDA		
COUNTY OF <u>Lee</u>		
Sworn to (or affirmed) and subscribed be	iore me this <u>#</u> day of _	June , 20 14.
Personally Known: or	Signatur	VIII A THOMAS
Produced Identification:	Print, Tr	MY COMMISSION # DD 976324
Type of Identification Produced:		EXPIRES: June 27, 2014 Bonded Thru Notary Public Underwriters

PRINCIPAL INTERESTS FOR OFFICE USE ONLY: AST NAME - FIRST NAME - MIDILE NAME: ANALING ADDRESS: LOD 12 O'VILLED LUIGE LUIGE ANALING ADDRESS: Vou are not limited to the space on the lines on that form. Attach additional albeids, if necessary. CHECK ONLY IF CHADLORTE OR NEW EMPLOYEE OR APPOINTEE ANALING ADDRESS: LOD 12 O'VILLED LUIGE PROPORTION LUIGESTS FOR THE PRECEDING TAY YEAR, WHETHER RASED ON A CALENDAR PERFORMANCE LUIGE AND A CALENDAR PERFORMANCE CONC. ANALING ADDRESS TAYLE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (mount clock ons). A DECEMBER 31, 2013 QR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR ENDING EITHER (mount clock ons). A DECEMBER 31, 2013 QR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR ENDING EITHER POPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS QR DOLLAR VALUES, which RECUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS QR DOLLAR VALUE THRESHOLDS PART A - PRIMARY SOURCES OF INCOME [Major sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "nia") NAME OF SOURCE SO FINCOME SOURCES OF SOURCE ACTIVITY OF SOURCE PRINCIPAL BUSINESS INCOME PART G - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "nia") NAME OF MAJOR SOURCES OF INCOME SOURCES OF SOURCE ACTIVITY OF SOURCE FILED THE NAME OF THAT IN THE PROPERTY (Land, buildings owned by the reporting person - See instructions] FILING INSTRUCTIONS for when must are	FORM 1		STATEM	ENT OF		2913
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INSTRUCTIONS on who must	None					
file this form and how to fill it out begin on page 3.		· · · · · · · · · · · · · · · · · · ·			file th	is form and how to fill it

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 W	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Money Market Accts	Charles Schwab	A last		
Bonds, Muhal Funds	Wills Favgo			
	<u> </u>	5		
PART E — LIABILITIES (Major debts - See instruct (If you have nothing to report, write "r	•	OPERATOR SOL		
NAME OF CREDITOR	ADDRESS	OF CREDITOR		
None		52		
 				
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PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "no		•		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2		
		<u> </u>		
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINES	ss			
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):				
	-			
Bau. D1		Ct		
Dime ry		66-14		
If a certified public accountant licensed under Ch	apter 473, or attorney in good standing with the	Florida Bar prepared this form for you, he or		
she must complete the following statement:	655. 41	and the Continue 440 0445 Florida Chabatan and		
I,, prepared the CE 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.				
,	, , , , , , , , , , , , , , , , , , , ,			
Signature		Date		
FILING INSTRUCTIONS:				
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:		
After completing all parts of this form, including	If you were mailed the form by the Commission	initially, each local officer/employee, state officer,		
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that	and specified state employee must file within 30 days of the date of his or her appointment		

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

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.

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.

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, 2013.

PART A - PRIMARY SOURCES OF INCOME

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NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS'ACTIVITY
CapitalOne N.A.	P.O. Box 30285, Salt Lake City, UT	Bank
Wells Fargo	P.O. Box 3908, Portland, OR	Bank
Everbank	11 Oval Drive, Suite 107, Islandia, NY	Bank
BankUnited N.A.	14817 Oak Lane, Miami lakes, FL	Bank
Branch Banking & Trust Co.	2501 Wooten Blvd. SW, Wilson, NC 27893-4426	Bank
Social Security Administration	P.O. Box 2000, Richmond, CA 94802-1791	SSA