

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2016

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

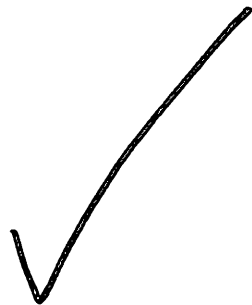
LAST NAME -- FIRST NAME -- MIDDLE NAME :
Dalton William Francis

MAILING ADDRESS :
800 Dunlop Rd

CITY : Sanibel ZIP : 33957 COUNTY : Lee

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Police Chief



171118001350E Lec 001

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** 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, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|-----------------------------------|---|
| City of Sanibel | 800 Dunlop Rd. Sanibel, Fl. 33957 | City Government |
| | | |
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PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------------|---------------------------------------|
| D & S Home Imp., Inc. | Kennedy Const. | 1200 Periwinkle Sanibel | Residential Remodeling |
| | | | |
| | | | |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

6140 Greenbriar Farms Rd Ft. Myers, Fl. 33905

FILING INSTRUCTIONS for when 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 begin on page 3.

| | |
|--|---|
| 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 WHICH THE PROPERTY RELATES |
| Mutual Funds | NRS Retirement Solutions |

| | |
|--|---|
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| Bank of America | PO Box 5170 Simi Valley, Ca. 93062-5170 |


| | | |
|--|-----------------------------------|---------------------|
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") | | |
| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 |
| NAME OF BUSINESS ENTITY | D & S Home Imp., Inc. | |
| ADDRESS OF BUSINESS ENTITY | 6140 Greenbriar Farms Rd Ft. Myer | |
| PRINCIPAL BUSINESS ACTIVITY | Residential Remodeling | |
| POSITION HELD WITH ENTITY | V.P. & Secretary | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | 10% | |
| NATURE OF MY OWNERSHIP INTEREST | Officer in Corporation | |

PART G — TRAINING
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: _____


Date Signed: _____
 03-17-17

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

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.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

| | | |
|--|---|--|
| <p>WHAT TO FILE: After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p>NOTE: 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.</p> <p><u>Facsimiles will not be accepted.</u></p> | <p>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.</p> <p><i>Local officers/employees</i> 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.)</p> <p><i>State officers or specified state employees</i> 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.</p> <p><i>Candidates</i> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p> | <p>WHEN TO FILE: <i>Initially</i>, 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. <i>Candidates</i> must file at the same time they file their qualifying papers.</p> <p><i>Thereafter</i>, file by July 1 following each calendar year in which they hold their positions.</p> <p><i>Finally</i>, 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p> |
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City of Sanibel

800 Dunlop Road
Sanibel, Florida 33957-4096

www.mysanibel.com

AREA CODE - 239

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|----------------------|----------|
| CITY COUNCIL | 472-4135 |
| ADMINISTRATIVE | 472-3700 |
| BUILDING | 472-4555 |
| EMERGENCY MANAGEMENT | 472-3111 |
| FINANCE | 472-9615 |
| LEGAL | 472-4359 |
| NATURAL RESOURCES | 472-3700 |
| RECREATION | 472-0345 |
| PLANNING | 472-4136 |
| POLICE | 472-3111 |
| PUBLIC WORKS | 472-6397 |

May 17, 2017

Ms. Cheryl Futch
Qualifying Officer
Lee County Supervisor of Elections Office
Post Office 2545
Fort Myers, Florida 33902-2545

Dear Ms. Futch:

Enclosed please find two 2016 Statements of Financial Interests and one 2017 Final Financial Disclosure for the following:

William F. Dalton, Chief of Police
James Phillips, Chief of Police

If you have any questions please do not hesitate to call (239) 472-3700.

Cordially,

Pamela Smith, MMC
City Clerk

PS/me

Enclosure

LCC0200001000010001

POSTNET barcode

800 DUNLOP ROAD
SAMBEL, FL 33057

7037 0660 0000 4045 7791



Master

05/17/2017

US POSTAGE

\$07



ZIP
01101

Ms. Cheryl Futch
Qualifying Officer
Lee County Supervisor of Elections Office
Post Office 2545
Fort Myers, FL 33902-2545

POSTNET barcode