## FORM 1

# STATEMENT OF

-	0	40	
	41		h
- 4	v	ш	w

Please print or type your name, mailing address, agency name, and position be		FINANCIAL	INTERESTS	·   -	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - M						
Dalton MAILING ADDRESS:	William	Fr	rancis			
WAILING ADDRESS:						
6140 Greenbriar Farms Ro	j					
CITY:	339	O5 Lee				
NAME OF AGENCY	338	, ree				
Sanibel Police Department						
NAME OF OFFICE OR POSITION	HELD OF					
Police Pension Trustee						
You are not limited to the space on t		# 17.37%	52			
CHECK ONLY IF	TE OR	NEW EMPLOYEE OR	APPOINTEE			
**** BC	TH PA	ARTS OF THIS SECT	TION MUST BE CO	MPLET	ED ****	
THIS STATEMENT REFLECTS YEAR OR ON A FISCAL YEAR. EITHER (must check one):						
<i>y</i>						
CALCULATIONS, OR USING CO	USING R	REPORTING THRESHOLDS TO	ARE USUALLY BASED OF		ES, WHICH REQUIRES FEWER ITAGE VALUES (see instructions	
for further details). CHECK THE  COMPARATIVE		ENTAGE) THRESHOLDS	2.00	AR VALU	JE THRESHOLDS	
DADT A DDIMARY COURCES	NE INCOM	IE (Main an une of transported)		Am and Am and		
PART A PRIMARY SOURCES C (If you have nothing to	report, v	vrite "none" or "n/a")	ule reporting person - See ins	aructions		
NAME OF SOURCE		SOL	SOURCE'S		SCRIPTION OF THE SOURCE'S	
OF INCOME		ADI	DRESS	PRINCIPAL BUSINESS ACTIVITY		
City of Sanibel		800 Dunlop Rd, Sanibel, Fl. 33957		Police Department		
PART B - SECONDARY SOURC [Major customers, clien (If you have nothing t	its, and otl	her sources of income to busines	ses owned by the reporting p	erson - See	Instructions]	
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES ADDRESS DF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
D & S Home Imp., Inc.	Kenne	dy Construction	1200 Periwinkle Way		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")			n - See instructions]	and w	3 INSTRUCTIONS for when there to file this form are	
ф.				INSTR	to at the bottom of page 2.  RUCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Signal of the control of th		of deposit, etc See ins	tructions)	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Bank of America	100 North Tyron St., Charlotte, N.C.			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	" or "n/a")	s in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	D & S Home Imp.			
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	Yes			
NATURE OF MY OWNERSHIP INTEREST	Officer of Corp.			
PART G — TRAINING For elected municipal officers required to complete an				
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature:  Date Signed:  06-08-17		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 INSTR	· · · · · · · · · · · · · · · · · · ·	WHEN TO FILE:	
r www.roog.com/room/room/room/room/room/room/room/r	ILKE IVEILE:		NACHE AND LINE CO.	

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, write "none" or "n/a" in that section(s).

### 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.

Facsimiles will not be accepted.

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: 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 page 3 of instructions.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.