FORM 1	STATEM	IENT OF		2022
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	RESTS FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	NAME :			
DaltonWilliamFrancis				
MAILING ADDRESS : 800 Dunlop Rd.				
			Receiv	ved City of Sanibel
			Admi	n/Legis Department
CITY : Sanibel	ZIP: COUNTY: Fl 33957		JUN2	7 2023 AM7:32
NAME OF AGENCY :	FI <u>55957</u>			
Sanibel Police Department				
NAME OF OFFICE OR POSITION HELI	D OR SOUGHT :			
Chief of Police				
CHECK ONLY IF CANDIDATE		RAPPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	EPORTABLE INTERESTS: ING REPORTING THRESHOL IG COMPARATIVE THRESHO	DR CALENDAR YEAR EN DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	DING DE( E DOLLAF LLY BASE	VALUES, WHICH REQUIRES
PART A PRIMARY SOURCES OF INC		the reporting person - See ins	tructions]	
(If you have nothing to repo				
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
City of Sanibel	800 Dunlop Rd.,Sanib	el, Fl. 33957	City Government	
				<u> </u>
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report NAME OF	d other sources of income to busine	sses owned by the reporting po	erson - See	instructions]
BUSINESS ENTITY	OF BUSINESS' INCOME OF SOURCE			ACTIVITY OF SOURCE
	-			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
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				
PART E — LIABILITIES [Major debts - See instructions]				
(If you have nothing to report, write "none" or "n/a")				
	ADDRESS OF CREDITOR			
Suncoast Credit Union P.O.Box	11904, Tamps, Fl. 33680			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership o	r positions in certain types of businesses - See instructions)			
(If you have nothing to report, write "none" or "n/a")	IESS ENTITY # 1 BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
Signature:	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			
Willow Hatt	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.			
Date Signed:	CPA/Attorney Signature:			
06/27-23	Date Signed:			
FILING INSTRUCTIONS:				
If you were mailed the form by the Commission on Ethics or a Co Supervisor of Elections for your annual disclosure filing, return form to that location. To determine what category your position under, see page 3 of instructions.	<b>Candidates</b> file this form together with their filing papers. <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.			
Local officers/employees file with the Supervisor of Elect of the county in which they permanently reside. (If you do permanently reside in Florida, file with the Supervisor of the co where your agency has its headquarters.) Form 1 filers who file the Supervisor of Elections may file by mail or email. Contact Supervisor of Elections for the mailing address or email address use. Do not email your form to the Commission on Ethics, it will returned	WHEN TO FILE: <i>initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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.			
returned. State officers or specified state employees who file with Commission on Ethics may file by mail or email. To file by r send the completed form to P.O. Drawer 15709, Tallahassee, 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste Tallahassee, FL 32303. To file with the Commission by email, s your completed form and any attachments as a pdf (do not use other format), send it to CEForm1@leg.state.fl.us and retain a c for your records. Do not file by both mail and email. Choose only filing method. Form 6s will not be accepted via email.	<b>Candidates</b> must file at the same time they file their qualifying papers. <b>Thereafter</b> , file by July 1 following each calendar year in which they hold their positions. <b>Finally</b> , 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, 2022.			

CE FORM 1 - Effective: January 1, 2023. Incorporated by reference in Rule 34-8.202(1), F.A.C.