FORM 1	STATEMI	ENT OF	2022	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	NAME :		_	
Gunter John W				
NAME OF AGENCY :		_		
City of Cape Coral				
NAME OF OFFICE OR POSITION HELD City of Cape Coral, Mayor	OR SOUGHT:		-	
CHECK ONLY IF CANDIDATE	DR NEW EMPLOYEE OR AF	PPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR MANNER OF CALCULATING REFILERS HAVE THE OPTION OF USING (see instructions for further details).	EPORTABLE INTERESTS: NG REPORTING THRESHOLDS G COMPARATIVE THRESHOLDS CHECK THE ONE YOU ARE US	CALENDAR YEAR END THAT ARE ABSOLUTE S, WHICH ARE USUALL ING (must check one):		
PART A PRIMARY SOURCES OF INCO		reporting person - See instru	uctions]	
NAME OF SOURCE OF INCOME	SOURC ADDRI		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Gulf Coast Premier Homes	Cape Coral, FL		Home Builder	
City of Cape Coral	Cape Coral, FL		Salary	
Charles Schwab	San Franciso, CA		Mutual Funds	
Raymond James	Fort Myers, FL Ir		Investments	
(If you have nothing to repor	other sources of income to businesses	s owned by the reporting per ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None				
PART C - REAL PROPERTY [Land, build (If you have nothing to report		See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. 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 [St (If you have nothing to report, write "nor	ocks, bonds, certificates of deposit, etc See insine" or "n/a")	tructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Mutual Funds	Charles Schwab Corp			
Investments	Raymond James Corp			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
None				
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"		inesses - See instructions] BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY	Cape Coral, FL			
PRINCIPAL BUSINESS ACTIVITY	Home Builder			
POSITION HELD WITH ENTITY	President	4		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	***			
NATURE OF MY OWNERSHIP INTEREST	100%			
PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to a CERTIFY THAT I		n 112.3142, F.S.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILE	R: CPA or ATTO	CPA or ATTORNEY SIGNATURE ONLY		
Signature: Date Signed:	in good standing with the she must complete the standing with the she must complete the standing with the she must complete the she must be shown in a coordance with the she must be shown in the s	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 CI 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.		
6/7/23	CPA/Attorney Signature Date Signed:			

FILING INSTRUCTIONS:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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.

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 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 <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.