FORM 1	STATEM	ENT OF	2011					
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	S	_				
LAST NAME - FIRST NAME - MIDDL GUY WILLIAM MAILINGADDRESS:	ENAME:	FOR OF						
10501 BELLAG	-10 DR		ID Code					
CITY: FORT MYERS NAME OF AGENCY: CATEWAY SERVIC NAME OF OFFICE OR POSITION HEL SUPERVISOR You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	DORSOUGHT: SERT 4	TENT DIST.	ID No. Colif. Code P. Red. Code P. Red. Code					
**** 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, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:								
	THE OPTION OF USING REPORT OR USING COMPARATIVE THRESH STATE BELOW WHETHER THIS STA	IOLDS, WHICH ARE USUALL ATEMENT REFLECTS EITHER	ARE ABSOLUTE DOLLAR VALUES, WHICH LY BASED ON PERCENTAGE VALUES (see R (must check one):					
PART A PRIMARY SOURCES OF IN		e reporting person - See instru		_				
NAME OF SOURCE OF INCOME	SOU	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
OHIO SCHOOL EMPLOYEES RETSYDE 300 E BROAD ST COLUMBOS ON			SOLT RETIREMENT SYSTEM					
oHISPUBLIC "	•	PLHWBHZ OH 43712						
INCINNATI FINANCIAL CO	INCINNATI, OH 45250	INSURANCE						
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
NONE				_				
PART C REAL PROPERTY [Land, but (If you have nothing to report of the part	uildings owned by the reporting person ort, you must write "none" or "n/a")	- See instructions p. 4]	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.					
	\		OTHER FORMS you may need to file are described on page 6.					

				V ==0.			
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
common STOCK		CINCINNATI FINANCIAL CORP.					
BONDS +STOCK		UBS FINANCIAL SERVICES					
BONDS + STOCK		MORGANSTANLEX SMITH BARNEY					
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
THIRD FEDERAL SAL		7007 BROADWAY AVE. CLEVELAND, OH 44105					
			F				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2							
NAME OF BUSINESS ENTITY	NONE			9m1D14			
ADDRESS OF BUSINESS ENTITY				014			
PRINCIPAL BUSINESS ACTIVITY				Ħ			
POSITION HELD WITH ENTITY				EE (
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				Qo F1			
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):				D (required):			
Will a Suy			6/4/2018				

WHAT TO FILE:

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

NOTE:

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.

FILING INSTRUCTIONS:

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.

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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.

WHEN TO FILE:

Initially, each local officer/employee, sta officer, and specified state employee mu file within 30 days of the date of his or happointment or of the beginning of employmer Appointees who must be confirmed by the Sena must file prior to confirmation, even if that is let than 30 days from the date of their appointmen

Candidates for publicly-elected local office mu file at the same time they file their qualifying papers.

Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following each calend year in which they hold their positions.

Finally, at the end of office or employment each local officer/employee, state officer, a specified state employee is required to file a final disclosure form (Form 1F) within 60 day of leaving office or employment. However, filling a CE Form 1F (Final Statement of Finance Interests) does not relieve the filer of filling a CE Form 1 if he or she was in their position of December 31, 2011.

							
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
COMMON STOCK		CINCINNATI FINANCIAL CORP.					
BONDS +STOCK		UBS FINANCIAL SERVICES					
BONDS + STOCK		MORGANSTANLEY SMITH BARNEY					
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
THIRD FEDERAL SAL		7007 BROADWAY AVE, CLEVELAND, OH 44155					
			,				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2							
NAME OF BUSINESS ENTITY	NONE						
ADDRESS OF BUSINESS ENTITY	_			AM1 <u>D</u> 14			
PRINCIPAL BUSINESS ACTIVITY	·	7		E			
POSITION HELD WITH ENTITY	·			EE			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				9			
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):							
Lille a Suy		6/4/2018					
							

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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 disolosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE-Form 1 if he or she was in their position on December 31, 2011.

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William Alan Guy 2011 Continuation Sheet

Part A

UBS Financial Services, Inc.

43 Village Way Hudson, Oh 44236 Investment Banking

Morgan Stanley Smith Barney

388 Greenwich St. New York, NY 10013 Investment Banking

Part D

Deferred Compensation

Ohio Deferred Compensation

Checking Account

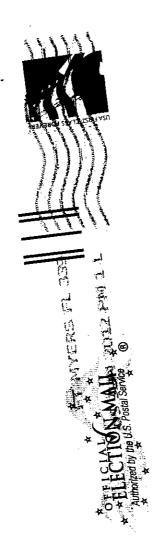
Key Bank NA

Certificate of Deposit

1st Community Bank

Certificate of Deposit

Florida Community Bank



SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545 ւլիկիդեսիների փորհիկինի իրարդուրարի իրարեւ հիկին

Ft. Myers, FL 333

JSJNN P BWJOJ4 BOETEE COLJ

William A. Guy 10501 Bellagio Drive Ft. Myers, FL 33913