

FORM 1**STATEMENT OF****2013**

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

FINANCIAL INTERESTS**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Juzkiw, John Paul

MAILING ADDRESS :

1413 Carmelle Dr.

CITY :

Fort Myers

ZIP :

33919

COUNTY :

Lee

NAME OF AGENCY :

City of Sanibel

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Sanibel General Employees Pension Board

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, 2013 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:

☐ 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	Wastewater Operator
Fiddlesticks C.C.	15391 Cannongate Dr Fort Myers, FL 33912	Wastewater Operator

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
None	None	None	None

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

13674 Raleigh Ln G-3 Fort Myers, FL 33919

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
I.C.M.A	Mutual Funds
Nationwide	Mutual Funds
Prudential	Life Insurance & I.R.A

PART E — LIABILITIES (Major debts - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Suntrust Mortgage	Suntrust Mortgage, Inc PO Box 79041 Baltimore, MD 21279
Seterus Mortgage	Seterus PO Box 2008 Grand Rapids, MI 49501
Suntrust HELOC	Suntrust Bank PO Box 79282 Baltimore MD 21279

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2
	None		
ADDRESS OF BUSINESS ENTITY	None		
PRINCIPAL BUSINESS ACTIVITY	None		
POSITION HELD WITH ENTITY	None		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	None		
NATURE OF MY OWNERSHIP INTEREST	None		

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

SIGNATURE (required):

John Johno

DATE SIGNED (required):

9-18-14

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.

Signature

Date

FILING INSTRUCTIONS:

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.

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: 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 the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 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 disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

Statement of Financial Interests 2013 continued

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John P Juzkiw

Part D

BRS LABS stock	2100 West Loop South, 9th Floor Houston, TX 77027
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Part E

GM CC	Capital One Card Services Dept 9600 Carol Stream, IL 60128
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Barclays CC	Card Services P. O. Box 13337 Philadelphia, PA 19101
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Chase CC	Cardmember Services P. O. Box 15153 Wilmington, DE 19886
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Home Depot CC	Home Depot Credit Services P. O. Box 182676 Columbus, OH 43218
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Suntrust CC	Cardmember Services P. O. Box 621569 Orlando, FL 32862
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City of Sanibel

800 Dunlop Road
Sanibel, Florida 33957-4096

www.mysanibel.com

AREA CODE - 239

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

December 11, 2014

Ms. Bernie Feliciano
Qualifying Officer
Lee County Supervisor of Elections Office
Post Office Box 2545
Fort Myers, Florida 33902-2245

Dear Ms. Feliciano:

Enclosed please find the 2013 Statements of Financial Interests for the following persons:

John P. Juzkiw, Sanibel Police Officer Pension Board
Kathleen M. Hall, Deputy City Clerk
Jason R. Maughan, Planning Commissioner

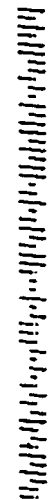
Cordially,

A handwritten signature in black ink, appearing to read "Pamela Smith".

Pamela Smith, MMC
City Clerk

Enclosure

CERTIFIED MAIL™



**CITY OF SANIBEL
800 DUNLOP ROAD
SANIBEL, FL 33687**



7014 1200 0001 1778 7518

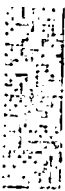


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03/04/04

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03/04/04



Ms. Bernie Feliciano
Qualifying Officer
Lee County Supervisor of Elections Office
Post Office Box 2545
Fort Myers, FL 33902-2245