

FORM 1X AMENDMENT TO FORM 1

STATEMENT OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 1):

Pierce, Bill

MAILING ADDRESS:

1370 Brookhill Dr.

Fort Myers 33916 LEE

CITY:

ZIP:

COUNTY:

◆ THIS FORM 1X AMENDS THE FORM 1 (Statement of Financial Interests) I FILED FOR THE YEAR: 2012

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: City Council-Ward 1

◆ WITH THIS GOVERNMENTAL AGENCY: Fort MYERS

MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one)

☐ 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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
WUP INC dba Bill Pierce Bail Bonds	3597 Fowler St. FM FL	Surety Bonds
Social Security	10100 Deer Run Falls FM FL	SSI GOVERNMENT

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, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

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

1370 Brookhill Dr, Fort Myers, FL 33916; 3430 Michigan Ave, Fort Myers FL 33916; 2760 Highland Ave, Fort Myers, FL 33916; 3227 Dale St Fort Myers, FL 33916, 2279 Towles St Fort Myers, FL 33916

PART D -- INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

OCWEN Loan SERV	12650 Ingenuity Dr. Orlando, FL 32826
Camington Mortgage	1610 E. Saint Andrew Place #B150 Santa Ana CA 92705

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Alrite Bail Bonds		
ADDRESS OF BUSINESS ENTITY	3597 Fowler St.		
PRINCIPAL BUSINESS ACTIVITY	Surety bonds		
POSITION HELD WITH ENTITY	AGENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NO		
NATURE OF MY OWNERSHIP INTEREST	AGENT/BOARD MEM.		

PART G — EXPLANATION OF CHANGES

To Update & correct data given previously

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

SIGNATURE:

Bill Pierce

DATE SIGNED:

7/11/13

FILING INSTRUCTIONS:**WHERE TO FILE:**

Return the form to the location where you filed the Form 1 that you are seeking to amend.

Local officers should have filed with the Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor of the county where your agency had its headquarters.)**State officers' or specified state employees'** forms should be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.**Candidates** should have filed their Form 1 together with their qualifying papers.**QUESTIONS:**

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864.

INSTRUCTIONS FOR COMPLETING FORM 1 X:**INTRODUCTORY INFORMATION** (At Top of Form):**NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY:** Use the same information as on the original Form 1 you are seeking to amend.**MAILING ADDRESS:** Use your current mailing address.**MANNER OF CALCULATING REPORTABLE INTERESTS:** Check the box that corresponds to the type of thresholds you used for the original Form 1 you are seeking to amend.**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 1, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

PART G:

Use this section of the form to explain the changes you are making in your original Form 1.

(2) page

(3) Bank of America
P.O. Box 5170
Simi Valley, CA 93062

(4) HomeEQ
P.O. Box 13714
Sacramento, CA 95853

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1370 Brookhill Dr.
Fort Myers, FL 33916

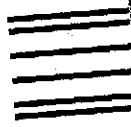


BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS FL 33902-9888



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

