FORM 1

STATEMENT OF

2013

Please print or type your name, mailing

			INTERE	O I O	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDD	LE NAME :				·
Sanders, John Blair					
MAILING ADDRESS :	vd H===	_ 		'14J	UN27PM0236 SDE LEE 00 F1
10109 Colonial Country Club Bi	vu, Unit 24				
CITY:	ZIP:	COUNTY:			
Fort Myers	33913				1
NAME OF AGENCY					/
Citizens Police Review Board of	f Fort Myer	'S		/	
NAME OF OFFICE OR POSITION HE	ELD OR SOU	GHT:		/	
Board Member				\ /	
You are not limited to the space on the l	_		•	V	
CHECK ONLY IF CANDIDATE	OR 🔲	NEW EMPLOYEE OR A	PPOINTEE		
	TH PART	S OF THIS SECT	ION MUST BE	COMPL	ETED ****
DISCLOSURE PERIOD:					
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one):					
DECEMBER 31, 20	013 <u>OR</u>	☐ SPECIFY	TAX YEAR IF OTHE	ER THAN TH	E CALENDAR YEAR:
MANNER OF CALCULATING REPO			"	•	
FILERS HAVE THE OPTION OF US	SING REPO	RTING THRESHOLDS T	HAT ARE ABSOLUT	TE DOLLAR	VALUES, WHICH REQUIRES FEWER
CALCULATIONS, OR USING COMF further details). CHECK THE ONE Y			KE USUALLY BASE	UN PERC	ENTAGE VALUES (see instructions for
_ ′			or 2	OLLAR VAL	LUE THRESHOLDS
PART A - PRIMARY SOURCES OF				-	
(If you have nothing to re			parming persons."	,uuuulul	•
NAME OF SOURCE	ł		RCE'S	l	DESCRIPTION OF THE SOURCE'S
OF INCOME		ADD	RESS	 	PRINCIPAL BUSINESS ACTIVITY
					
none					1
				•	
PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	and other so	urces of income to busines.	ses owned by the rep	porting person	- See instructions]
[Major customers, clients,	and other so report, write	urces of income to busines.	ADDRI	ESS	PRINCIPAL BUSINESS
[Major customers, clients, (If you have nothing to r	and other so report, write	urces of income to busines "none" or "n/a")		ESS	
[Major customers, clients, (If you have nothing to r	and other so report, write	urces of income to busines "none" or "n/a") F MAJOR SOURCES	ADDRI	ESS	PRINCIPAL BUSINESS
[Major customers, clients, (If you have nothing to r	and other so report, write	urces of income to busines "none" or "n/a") F MAJOR SOURCES	ADDRI	ESS	PRINCIPAL BUSINESS
[Major customers, clients, (If you have nothing to r	and other so report, write	urces of income to busines "none" or "n/a") F MAJOR SOURCES	ADDRI	ESS	PRINCIPAL BUSINESS
[Major customers, clients, (If you have nothing to r NAME OF BUSINESS ENTITY	and other so report, write NAME O OF BU	urces of income to busines "none" or "n/a") OF MAJOR SOURCES USINESS' INCOME	ADDRI OF SOL	ESS JRCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
[Major customers, clients, (If you have nothing to r	nand other so report, write NAME O OF BU	urces of income to busines "none" or "n/a") OF MAJOR SOURCES USINESS' INCOME	ADDRI OF SOL	ESS JRCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE ILING INSTRUCTIONS for
[Major customers, clients, (If you have nothing to r NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land.	nand other so report, write NAME O OF BU	urces of income to busines "none" or "n/a") OF MAJOR SOURCES USINESS' INCOME	ADDRI OF SOL	ESS JRCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE ILING INSTRUCTIONS for when and where to file this form are located at the bottom
[Major customers, clients, (If you have nothing to r NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land.	nand other so report, write NAME O OF BU	urces of income to busines "none" or "n/a") OF MAJOR SOURCES USINESS' INCOME	ADDRI OF SOL	ESS JRCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE ILING INSTRUCTIONS for when and where to file this
[Major customers, clients, (If you have nothing to r NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land	nand other so report, write NAME O OF BU	urces of income to busines "none" or "n/a") OF MAJOR SOURCES USINESS' INCOME	ADDRI OF SOL	ESS JRCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE ILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
[Major customers, clients, (If you have nothing to r NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land	nand other so report, write NAME O OF BU	urces of income to busines "none" or "n/a") OF MAJOR SOURCES USINESS' INCOME	ADDRI OF SOL	ESS JRCE F w fc	PRINCIPAL BUSINESS ACTIVITY OF SOURCE ILING INSTRUCTIONS for then and where to file this form are located at the bottom of page 2.

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "none		clions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
	· 	·		
Equities and Money Market Funds	Personal Retirement Accounts			
	ላ ለ ሁንምምስል የጎምም ብር	Willer Co.Cl.		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
none				
PART F — INTERESTS IN SPECIFIED BUSINESSES [C (If you have nothing to report, write "none"		sses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	JBS Photos	BOOMEGO ENTIT # 2		
ADDRESS OF BUSINESS ENTITY	same as personal address			
PRINCIPAL BUSINESS ACTIVITY	incubation stage			
POSITION HELD WITH ENTITY	owner			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes			
NATURE OF MY OWNERSHIP INTEREST	owner			
IF ANY OF PARTS A THROUGH F AR	E CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE		
SIGNATURE (required): John Blein Janden	DATE SIGNED (red 6/26/14			
If a certified public accountant licensed under Chapt she must complete the following statement: I,	prepared the CE Form 1 in accordance	with Section 112.3145. Florida Statutes, and		
Signature		Date		

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: 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.