FORM 1	STATEM	ENT OF	2013		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
	wthony John	*14JUL03	AK 0956 SOE LEE CO F1		
MAILING ADDRESS: J 6081 SILVETICIA	& BLYD. UNIT	903	THERE		
CAPE Coral	33914 Le	c 3	PEOPLUED E		
	PE Coral COUNTY:	7	RECEIVED Jun 3 0 2014		
NAME OF AGENCY: Manag	er		Lee County Elections		
NAME OF OFFICE OR POSITION HE	D OR SOUGHT :		ELOS VETS		
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	•	· I//			
	PARTS OF THIS SECTION	ON MUST BE COMPLE	ETED ****		
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA	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, 201	3 OR SPECIFY 1	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:					
_ '		B DOLLAR VALI	UE THRESHOLDS		
PART A PRIMARY SOURCES OF IN- (If you have nothing to repo		e reporting person - See instructions	ş]		
NAME OF SOURCE OF INCOME	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
City of Troy, M.	I 500 W. Big 1	Sequer Rd L	OCAL Government		
Pension	Troy MI	48085			
Michigan Employers			NSION A DMINISTRATION		
Ectivement System	LANSING MI	48917			
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		
NA					
PART C REAL PROPERTY (Land, b) (If you have nothing to repo	uildings owned by the reporting person out, write "none" or "n/a")	j Fil	LING INSTRUCTIONS for nen and where to file this		
1561 Pebble Point 10R			7 <b>911 4114</b> 1111 1 1 1 1 1 1 1 1 1 1 1 1 1		
			rm are located at the bottom		
	obs 10R	of	rm are located at the bottom page 2. STRUCTIONS on who must		

PART D — INTANGIBLE PERSONAL PROPERTY (Stoci		istructions)	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY PAGES A		
		RECEIVED	
		JUN 30 2011	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")	Ed Lee County	
NAME OF CREDITOR	ADDRE	SS OF CREDITOR	
THE SANK	Square Lake Ke	d. Troy MI	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Or (If you have nothing to report, write "none" o		BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY		1-7	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		4.11	
NATURE OF MY OWNERSHIP INTEREST		6	
IF ANY OF PARTS A THROUGH F ARE	CONTINUED ON A SEPARATE SI	HEET, PLEASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (	(required): ##	
If a certified public accountant licensed under chapter she must complete the following statement:  I, the instructions to the form. Upon my reasonable known	, prepared the CE Form 1 in accorda	ance with Section 112.3145, Florida Statutes, and	
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 filling.

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