

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Tomlinson William Edward

MAILING ADDRESS :

15012 BONAIRE CIRCLE

CITY: FORT MYERS ZIP: 33908 COUNTY: LEE

NAME OF AGENCY: CITY OF SANIBEL POLICE DEPARTMENT

NAME OF OFFICE OR POSITION HELD OR SOUGHT: POLICE CHIEF / CHAIRMAN POLICE 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

✓
PM 6/24

15012 BONAIRE CIRCLE

**** 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, 2014 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 DUNLAP RD SANIBEL 33957	POLICE CHIEF

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
PHYSICIAN SUPPORT SVCS	MEDICAL BILLING	9681 GARDNER DR #201 FT. MYERS FL 33908	VICE PRESIDENT / OWNER

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

15012 BONAIRE CIRCLE FT. MYERS FL 33908
 LOT 28 HIDDEN FALLS ESTATES SPACER TN 38585
 1/3 SHARE OF 261 ACRES HIDDEN FALLS ESTATES SPACER

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
CITY OF SAULSBURY PENNSILVANIA, MED SAVINGS	CITY OF SAULSBURY

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
SUNCOAST FED C.V.	P.O. BOX 11904 TAMPA FL 33680
WELLS FARGO	P.O. BOX 1141 DES MOINES IA 50301
FARM BUREAU C.V.	MCMINNVILLE TN

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
	PHYSICIAN SUPPORT SVCS	
ADDRESS OF BUSINESS ENTITY	9681 GLADIOLUS DR. #201 F.M 33908	
PRINCIPAL BUSINESS ACTIVITY	MEDICAL BILLING	
POSITION HELD WITH ENTITY	VICE PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES 40%	
NATURE OF MY OWNERSHIP INTEREST	PARTNERSHIP	

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

SIGNATURE OF FILER:

CPA or ATTORNEY SIGNATURE ONLY

Signature:

William E. Tolson

Date Signed:

6-2-15

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.

CPA/Attorney Signature: _____

Date Signed: _____

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:

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. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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, 2014.

June 24, 2015



City of Sanibel

800 Dunlop Road
Sanibel, Florida 33957-4096

AREA CODE - 239

CITY COUNCIL	472-4135
ADMINISTRATIVE	472-3700
BUILDING	472-4555
EMERGENCY MANAGEMENT	472-3111
FINANCE	472-9615
LEGAL	472-4359
PARKS & RECREATION	472-9075
PLANNING	472-4136
POLICE	472-3111
PUBLIC WORKS	472-6397
UTILITIES	472-1008

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

Dear Ms. Feliciano:

Enclosed please find the 2014 Statements of Financial Interests for the following:

Kenneth B. Cuyler, City Attorney
William F. Dalton, Sanibel Police Officers' Retirement Trust Fund
Sylvia Edwards, Finance Director
James T. Evans, Coastal Advisory Council / Restore Act Committee
James L. Jennings, Councilmember
John P. Juzkiw, Sanibel General Employees' Pension Board
Scotty L. Kelly, Deputy City Clerk
Harold Law, Building Official
Dale A. Reiss, Sanibel Police Officers' Retirement Trust Fund
Pamela Smith, City Clerk
Bill Tomlinson, Chief of Police

If you have any questions please do not hesitate to call (239) 472-3700.

Cordially,

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

Pamela Smith, CMC
City Clerk

PS/tlj

Enclosure

7:51 PM 12/05/2015 SEE LEE OPH



CERTIFIED MAIL



7015 0640 0000 0508 5524

POSTAGE
PAID
PERMIT NO. 1071
SANIBEL, FLORIDA



CITY OF SANIBEL

800 DUNLOP ROAD

SANIBEL, FLORIDA 33957-4096

TO:

MS. BERNIE FELICIANO
QUALIFYING OFFICER
LEE COUNTY SUPERVISOR OF
ELECTIONS
POST OFFICE BOX 2545
FORT MYERS, FL 33908-2545

15 JUN 25 PM 12 06 SDE LEE CO FL