

FINAL STATEMENT OF FINANCIAL INTERESTS

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: <u>Tomlinson William EDWARD</u>	NAME OF REPORTING PERSON'S AGENCY: <u>CITY OF SANIBEL</u>
MAILING ADDRESS: <u>800 DUNLOP ROAD</u>	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: ZIP: COUNTY: <u>SANIBEL</u> <u>33957</u> <u>LEE</u>	LIST OFFICE OR POSITION HELD: <u>CHAIRMAN</u> <u>POLICE PENSION / POLICE CHIEF</u>

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2016 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 11-30-16, 2016. (Date must be prior to 12/31/16)

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). 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, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<u>CITY OF SANIBEL</u>	<u>800 DUNLOP RD. SANIBEL 33957</u>	<u>LAW ENFORCEMENT</u>

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by 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
<u>PHYSICIAN SUPPRT SVCS</u>	<u>MEDICAL BILLING</u>	<u>9681 GLADIOLUS F.M. 33908</u>	<u>VICE PRESIDENT</u>
<u>PREMIERE PLUS REALTY</u>	<u>REAL ESTATE SALES</u>	<u>370 12TH AVE. SO. ST. # 101 NAPLES 34102</u>	<u>REALTOR</u>

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

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

<u>15012 BONAIRS CIR. FT. MYERS FL 33908</u>
<u>28 TRUCKY SHOOT LN. SPENCER TN. 38585</u>

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 of this packet.

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
457 ACCT	CITY DEFENSED CAMP
POLICE PENSION	CITY OF SANICEL

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
WELLS FARGO	15012 BALANCE CIR. F.M. 33908
WELLS FARGO	28 TARKNEY SHOOT LN. SPANCA TN 38585
FARM CREDIT	28 TARKNEY SHOOT LN 3RD DIVISION

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 F.M. 33908	
PRINCIPAL BUSINESS ACTIVITY	MEDICAL BILLING	
POSITION HELD WITH ENTITY	VICE PRESIDENT	
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	40%	
NATURE OF MY OWNERSHIP INTEREST	PARTNER	

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

SIGNATURE OF FILER:

Signature:



Date Signed:

5/26/16

CPA or ATTORNEY SIGNATURE ONLY

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 on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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, Florida 32303.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2016, you may not have filed Form 1 for 2015. In that case, this is not the last form you will file. Form 1F covers January 1, 2016, through your last day of office or employment. You will be required to file Form 1 for 2015 by July 1, 2016, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

June 30, 2016



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

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 2015 Statements of Financial Interests for the following:

Steven Chaipel, Finance Director
Kenneth B. Cuyler, City Attorney
William Dalton, Police Pension Trustee
Vice Mayor Mick Denham
James Evans, Coastal Advisory Council
Councilman Chauncey Goss
Councilman Martin Harrity
Craig Holston, Police Pension Trustee
Councilman James Jennings
James Jordan, Planning Department Director
John Juzkiw, Sanibel General Employees Pension Board
Scotty Lynn Kelly, Deputy City Clerk
Harold Law, Building Official
Dale Reiss, Police Pension Trustee
Mayor Kevin Ruane
Pamela Smith, City Clerk
Bill Tomlinson, Chief of Police
Keith Williams, Public Works Director
Laura Zautcke, Accounting Operations Manager

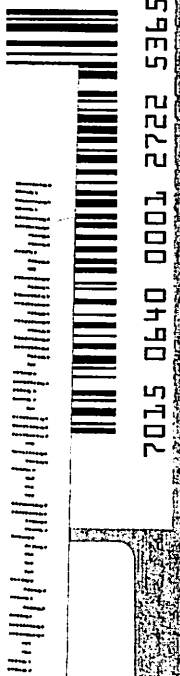
If you have any questions please do not hesitate to call (239) 472-3700.

Cordially,

Pamela Smith, MMC
City Clerk

Enclosure

Cc: Judie Zimomra, City Manager
Ken Cuyler, City Attorney



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Hasler
06/30/2016
FIRST-CLASS MAIL
\$07.99
US POSTAGE
ZIP 33957
011D11636006

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

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