FORM 1		STATEN	STATEMENT OF			2014	
Please print or type your name, mailing address, agency name, and position below	FIN	ANCIAL	INTERE	ESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDE					J		
Zahorchak - Sandr	a - Ann						
MAILING ADDRESS:				1			
902 Limped Dr.			<u></u>	4			
			1	ł		خسز 1.0	
CITY: Sanibel	ZIP: FL	COUNTY: Lee		,		5-07	
NAME OF AGENCY: Sambel Public NAME OF OFFICE OR POSITION HE	Librar	y District	Seat 4			7 <b>.</b> 5. 7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	
NAME OF OFFICE OR POSITION H	LD OR SOUGH	. <del>₹∶</del>		. /		30	
Commissioner				\/		am09:57	
You are not limited to the space on the				200	-	57	
CHECK ONLY IF	OR 🔲 N	NEW EMPLOYEE OF	RAPPOINTEE	PM7/14			
**** 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. PLEITHER (must check one):							
⊠ DECEMBER 31, 2	2014 <u>OR</u>	□ SPECI	IFY TAX YEAR IF OT	THER THAN T	HE (	CALENDAR YEAR:	
FILERS HAVE THE OPTION OF US	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 (1			<u>OR</u> □	DOLLAR V	VAL!	UE THRESHOLDS	
<del>-</del>	LINOL	,) 11mee	——————————————————————————————————————	DOLL	/n_	JE INKESHOLDS	
PART A PRIMARY SOURCES OF I (If you have nothing to re			the reporting person	- See instructio	ons]		
NAME OF SOURCE OF INCOME			DURCE'S DDRESS			ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Time to Make Wine	Inc 109	70 5. Cleve	Lend Ave 4	204 V	<del>Jiv</del>	nery, Brew Shop	
777,0	F+	Myers, F	L 33907	JUT		rety, sew	
		<del></del> ,					
PART B SECONDARY SOURCES	OF INCOME						
[Major customers, clients, a	and other sources		sses owned by the rep	porting person -	- See	instructions]	
NAME OF BUSINESS ENTITY		AJOR SOURCES ESS' INCOME	ADDRI OF SOL			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None							
			<del> </del>				
TOTAL DECEMBER   I and		i ii a nara	- ' terrational			<u> </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")					nd w	G INSTRUCTIONS for when where to file this form are	
Dry boat Sup at Sanibel Harbor Yacht Chub, Ft Myers, FL					ISTR	ed at the bottom of page 2.  RUCTIONS on who must file	
Inters, t						orm and how to fill it out on page 3.	
204 Tower Square	Plaza M	larion 14			_	. 5	

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "non		of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
None						
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	•					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Third Federal Savings Loan	5030 S. Cheveland Ave Ft. Myers, FL 33907					
(If you have nothing to report, write "none"	Ownership or positions in certain types of businesses - See instructions]  or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY	Time to Make Wine, Luc					
ADDRESS OF BUSINESS ENTITY	10970 8. Cleveland Ave#304 FM					
PRINCIPAL BUSINESS ACTIVITY	Wine Mfg/Sales/Homebrew Store President					
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes					
NATURE OF MY OWNERSHIP INTEREST		Shareholder				
IF ANY OF PARTS A THROUGH F ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERI	<u> </u>		
SIGNATURE OF FILE	<u>:R:</u>	CPA or ATTORNEY SIGNATURE ONLY				
Signature:  Signature:  Date Signed:	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,					
6/30115		CPA/Attorney Signate Date Signed:	ure:			

## 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.

# **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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

202 Linget Dr. 33957

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Supervisor of Elections
Sharon L. Harrington
P.O. Box 2545
Fort Myers, FL 33902

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