R. JOYCE GRIFFIN
Supervisor of Elections

Monroe County, Florida
www.keys-elections.org

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CITY OF KEY WEST
KEY WEST, FLORIDA

State of Florida **County of Monroe**

ALTERNATIVE METHOD OF QUALIFYING CERTIFICATION

I, R. Joyce Griffin, Supervisor of Elections of Monroe County, Florida, do hereby certify that Steven S. Wells Sr, submitted 151 signatures for the Alternative Method of Qualifying petition in order to gain 2015 ballot position for the office of Key West, Utility Board Member, Group 1. The total number of certified petitions was 148 of the required 148.

(SEAL)

R. Joyce Griffin
Supervisor of Elections

Date: August 4, 2015

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

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CITY OF KEY WEST
KEY WEST, FLORIDA

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Steven S Wells Sr
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Utility Bd Grp (office), _____ (district #),

_____ (circuit #) _____1_____ (group or seat #); I am a qualified elector of Monroe County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X Steven S Wells Sr (305) 797-7590 firewells7@aol.com
Signature of Candidate **Telephone Number** **Email Address**

3734 Paula Ave Key West Fla 33040
Address **City** **State** **ZIP Code**

Candidate's Florida Voter Registration Number (located on your voter information card): 113879498

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (*see* instructions on page 2 of this form):

St-eve-N Well-s

STATE OF FLORIDA
COUNTY OF MONROE

Sworn to (or affirmed) and subscribed before me this 18 **day of** Aug, **20** 15.

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____

Angela Budde
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

ANGELA BUDDE
Commission # EE 166510
Expires April 8, 2016
Bonded Thru Troy Fain Insurance 800-385-7019

Steven S. Wells Sr
Campaign Acct
3734 Paula Ave Key Largo FL 33037

0092

DATE 8-18-15

PAY TO THE ORDER OF City of Key West

$ 1.00

One dollar and 00/100

DOLLARS

FIRST STATE BANK OF THE FLORIDA KEYS KEY WEST, FLORIDA 33040

FOR Qualifying State fee

Steven S Wells

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2014

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

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CITY OF KEY WEST
KEY WEST, FLORIDA

LAST NAME -- FIRST NAME -- MIDDLE NAME:
Wells Steven Scott Sr

MAILING ADDRESS:
3734 Paula Avenue

CITY: Key West ZIP: 33040 COUNTY: Monroe

NAME OF AGENCY: Utility Board Grp 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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

****** 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 Key West	3126 Flagler Ave K.W. Fla	Government

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
Steve's Quality Painting Inc	Customers	N/A	Painting Res/Comm
Paradise Real Estate of K.W.	Customer	~~N/A~~	Real Estate Sales

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

3734 Paula Avenue K.W. Fla 33040
1203 19th Terr K.W. Fla 33040

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
Certificate of Deposit	S.M.F.C.U.

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

CITY OF KEY WEST
KEY WEST, FLORIDA

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	Flagler Avenue K.W. Fla
BB & T Bank	Kennedy Drive K.W. Fla

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A	
ADDRESS OF BUSINESS ENTITY	N/A	
PRINCIPAL BUSINESS ACTIVITY	N/A	
POSITION HELD WITH ENTITY	N/A	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	
NATURE OF MY OWNERSHIP INTEREST	N/A	

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

SIGNATURE OF FILER:

Signature:

Steven S Wilk Sr

Date Signed:

8.18.15

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, **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.