



R. JOYCE GRIFFIN

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SUPERVISOR OF ELECTIONS

2015 AUG 19 PM 1:20
Monroe County, Florida
CITY OF KEY WEST
KEY WEST, FLORIDA

State of Florida

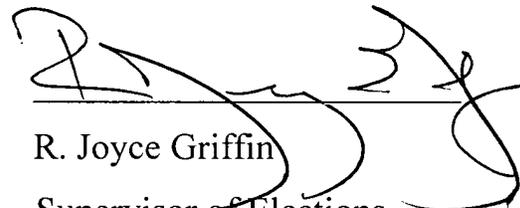
County of Monroe

ALTERNATIVE METHOD OF QUALIFYING CERTIFICATION

I, R. Joyce Griffin, Supervisor of Elections of Monroe County, Florida, do hereby certify that Tony Yaniz, submitted 26 signatures for the Alternative Method of Qualifying petition in order to gain 2015 ballot position for the office of Key West, City Commissioner, Dist. 4. The total number of certified petitions was 25 of the required 25.

(SEAL)

Date: August 6, 2015


R. Joyce Griffin
Supervisor of Elections

CANDIDATE OATH -
NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)

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CITY CLERK'S OFFICE

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CITY OF KEY WEST
KEY WEST, FLORIDA

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, TONY "FAT" VANIZ
(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 Commissioner DISTRICT IV IV
(office) (district #)

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

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 [Signature] (305) 387-1107 tyvaniz@cityofkeywest.fl.gov
Signature of Candidate Telephone Number Email Address

2213 Flora Ave Key West FL 33080
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 113864119

* 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):

TONE - E FAT Y - AN - IZ

STATE OF FLORIDA
COUNTY OF MONROE

Sworn to (or affirmed) and subscribed before me this 19 day of August, 2015.

Personally Known: or

[Signature]
Signature of Notary Public

Produced Identification: _____

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: _____



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
CLERK OF COURSE ONLY

LAST NAME - FIRST NAME - MIDDLE NAME:

Vaniz Tony

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MAILING ADDRESS:

2213 Flager Avenue

CITY OF KEY WEST
KEY WEST, FLORIDA

CITY:

Key West

ZIP:

33040

COUNTY:

Monroe

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COMMISSIONER

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 Flager Ave, Key West	Government
Spottswood CO.	506 Fleming ST, Key West	Hospitality
R.W Vacation CO	1500 Alboran ST, Key West	Real Estate

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

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

N/A

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")

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TYPE OF INTANGIBLE <u>C.D.</u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES <u>1st State Bank</u>
<u>401 K</u>	<u>Spottwood Company</u>

PART E — LIABILITIES [Major debts - See instructions]

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

KEY WEST, FLORIDA

NAME OF CREDITOR <u>1st State Bank</u>	ADDRESS OF CREDITOR <u>1201 Simons St Key West FL</u>
<u>Citibank</u>	<u>270 Park Ave New York, N.Y.</u>

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]

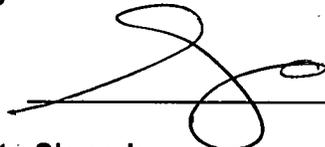
(If you have nothing to report, write "none" or "n/a")

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

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

SIGNATURE OF FILER:

Signature:



Date Signed:

8-19-10

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.

ANTHONY J YANIZ 07-15
CAMPAIGN ACCOUNT
2213 FLAGLER AVENUE
KEY WEST, FL 33040

133
63-43/670
5

8-20-15
Date

Pay to the
Order of:

City of Key West

\$ 200.00

Two hundred and 00/100

Dollars



Security
Features
Details on
Back

FIRST
STATE
BANK

OF THE FLORIDA KEYS
KEY WEST, FLORIDA 33040

For

[Signature]

[Signature]

MP

