# FORM 1 STATEMENT OF FINANCIAL INTERESTS 2014

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

FOR OFFICE USE ONLY:

CITY OF COCONUT CREEK JAN - 5 2015 FILED

LAST NAME -- FIRST NAME -- MIDDLE NAME : Looley Rebecca (Becky) Ann

MAILING ADDRESS : 4411 Coconut Creek Blvd

CITY : Coconut Creek ZIP : Fl 33066 COUNTY : Broward

NAME OF AGENCY : City of Coconut Creek

NAME OF OFFICE OR POSITION HELD OR SOUGHT : City Commissioner Dist A

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 Coconut Creek | 4800 W Copans Rd | Commissioner |
| | | |
| | | |

**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 |
|---|---|---|---|
| Rheumatology of SF | Bone Density | 1050 NW 15th St Suite 112A | Radiology tech |
| | | | |
| | | | |

**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.**



(Continued on reverse side)

**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 |
|---|---|
| N/A | |
| | |

CITY OF COCONUT CREEK
JAN - 5 2015
FILING OFFICER

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

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|---|---|
| N/A | |
| | |
| | |

**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 | | |
| 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:**

Rebecca (Becky) Tooley

**Date Signed:**

January 5, 2015

## 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.