

ORIGINAL

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2013

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

LAST NAME — FIRST NAME — MIDDLE NAME: <b>ABRAMS DAN IAN</b>			NAME OF REPORTING PERSON'S AGENCY: <b>MedStar Health CDD</b>		
MAILING ADDRESS: <b>17240 GERMANO COURT</b>			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):		
<b>NAPLES 34110 Leo</b>			<input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER		
CITY:	ZIP:	COUNTY:	<input checked="" type="checkbox"/> SPECIFIED STATE EMPLOYEE		
			LIST OFFICE OR POSITION HELD: _____		

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2013 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS **Oct 21, 2013** 2013. (Date must be prior to 12/31/13)

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<b>Investments</b>	<b>N/A</b>	

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, you must 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]

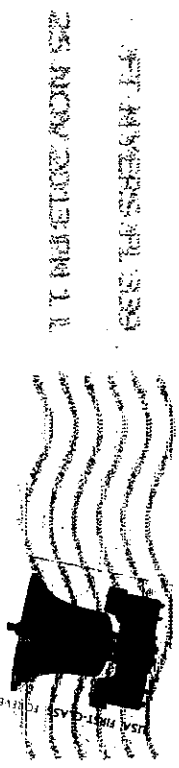
(If you have nothing to report, you must write "none" or "n/a")

<b>Home at 17240 GERMANO CT, Naples</b>
<b>Home at Westfield Circle White Plains</b>

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.

Dan Abrams  
17240 Germano Ct  
Naples FL 34110-2850



Lee County Supervisor of Elections  
Mrs. Sandra Harrison  
2480 Thompson St  
3rd Floor  
Fort Myers, FL 33901

14003073055140442003001  
33901307490

# COPY

FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2013

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

LAST NAME — FIRST NAME — MIDDLE NAME: <b>ABRAMS DAN IAN</b>			NAME OF REPORTING PERSON'S AGENCY: <b>MediCare Health CDD</b>
MAILING ADDRESS: <b>17240 GERMANO COURT</b>			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):
<b>NAPLES 34110</b>			<input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER
CITY:	ZIP:	COUNTY:	<input checked="" type="checkbox"/> SPECIFIED STATE EMPLOYEE
			LIST OFFICE OR POSITION HELD: _____

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

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**MANNER OF CALCULATING REPORTABLE INTERESTS:**

THE LEGISLATURE ALLOWS FILERS 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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<b>Investments</b>	<b>N/A</b>	

**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, you must 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, you must write "none" or "n/a")

**Home at 17240 Germano Ct Naples**  
**Home at Westfield Circle White Plains**

**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, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stocks	all public cos. diversified
Bonds	mostly US govt some State, local
money mkt funds	various

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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:** 

**DATE SIGNED:** Dec 5, 2013

**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.

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

**NOTE:**

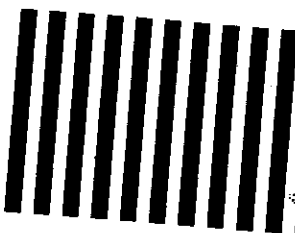
If you are leaving office or employment during the first half of 2013, you may not have filed Form 1 for 2012. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2012 by July 1, 2013, 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.

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**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL  
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SUPERVISOR OF ELECTIONS  
PO BOX 2545  
FORT MYERS FL 33902-9888

NO POSTAGE  
NECESSARY  
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IN THE  
UNITED STATES



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