FORM 1		STATE	MENT O	F	- 111	2012	
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIA	L INTER	RESTS	S	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDD BARTON	LE NAM	D ALAR	7				
MAILING ADDRESS: 2534 NE	715.	ALL #	1			- 1	
Cape Coral	33	909 FI				3HUG02HM0901	
CITY:	ZIP	: COUNTY:					
Lee County Industrial Dev. aut.						SOELEE OF	
NAME OF OFFICE OF POSITION HE		Hember				<u>. D</u>	
You are not limited to the space on the li CHECK ONLY IF		is form. Attach additional she	•				
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	R FINAN		THE PRECEDING T	AX YEAR, V	VHETHER	BASED ON A CALENDAR	
DECEMBER 31, 20	112	OR SPECI	FY TAX YEAR IF O	THER THAN	THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATION (see instructions for further details).	S THE (S, OR U CHECK	OPTION OF USING REPO SING COMPARATIVE TH THE ONE YOU ARE USIN	IRESHOLDS, WHIC NG:	HARE USU	ALLY BAS	SED ON PERCENTAGE VALUES	
PART A PRIMARY SOURCES OF I	NCOME					HRESHOLDS	
(If you have nothing to report, you NAME OF SOURCE		SOURCE'S			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Bylands Pop. Corp		ADDRESS 2534469 We C.C. 33909			Hearing Ind. Units		
B. Involande Inc		10	1c 1	19	Inch	ustrial Dev.	
July was Condi		10	41	•	Ind	. Contracting	
PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re	nd other	sources of income to busin	nesses owned by the	reporting per	son - See	instructions]	
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME		DRESS SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Bylands Pop. Co.	Rei	tal terant	د کھی۔	arga	\	Varies	
B' Tru. Inc.	da	ealor br	Cop. 9	1, Pa	il	1/	
Croprocon Chor	<u> nd</u>	· Bldgs.	Vargine	clie	W		
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")						INSTRUCTIONS for	
2534 & 2645 NEQ# Ove. Cape Cored 33909					form a	re located at the bottom	
21, NE 27th. Lana. Case Cohol. 33909							
914 NE 24th. Jane # 8/9 Cape Coral. FL.					file thi	UCTIONS on who must s form and how to fill it gin on page 3.	
CE FORM 1 - Effective: January 1, 2013. Refer to R	ule 34-8 202	2(1), FA.C. (Continued o	n ₍ reverse _k side)	0:،		PAGE 1	
2 freshrances con	الم	reo. lovs. c	الله - حيايا . ا الله - حيايا . ا	s/and	•		

								
PART D — INTANGIBLE PERSON (If you have nothing t				ructions]				
				IICH THE I	PROPERTY RELATES			
Bank IRA'S			BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
			10 (pax					
DADTE HADUITIES (Major de	blo. Soo instructio				· · · · · · · · · · · · · · · · · · ·			
PART E — LIABILITIES [Major de (If you have nothing to			n/a")					
NAME OF CREDITOR		ADDRESS OF CREDITOR						
& Beria Ba	Ne	9101	albae Philip	DC	F.H. Fl. 33919			
Buson B	3 VF	7980	Sugaration	dalo	DC. FM. 3891			
3				<u> </u>				
PART F — INTERESTS IN SPECIFI	ED BUSINESSES	[Ownership or positi	ons in certain types of businesse	s - See inst	tructions)			
(If you have nothing to	report, you must v	write "none" or "nia	") BUSINESS ENTITY #		BUSINESS ENTITY # 3			
NAME OF BUSINESS FUTTING	0 1	ESS ENTITY # 1		*-	000			
NAME OF BUSINESS ENTITY	Balango		'B' lov. loc		Chycoal Cord			
ADDRESS OF BUSINESS ENTITY			5234 NE dr VA	ح رد 	2534, NE 9th Quec			
PRINCIPAL BUSINESS ACTIVITY	<u> </u>	onfalls	Fordigan.	- -	Ind. Condinction			
POSITION HELD WITH ENTITY	Mesic	mous.	treargary		U. Ros.			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Jer	<u> </u>	No No		Yep			
NATURE OF MY OWNERSHIP INTEREST	Share	pribled	Showledge		Sharoholders			
IF ANY OF PARTS A	THROUGH F	RE CONTINUE	D ON A SEPARATE SHE	ET, PLE	ASE CHECK HERE			
SIGNATURE (requi	red):		DATE SIG	NED ((required):			
Lacus So	uter	<u></u>			07/10/13			
	FI	LING INS	STRUCTIONS	• .	<u> </u>			
WHAT TO FILE:		WHERE TO I			N TO FILE:			
including signing and dating it, send back on only the first sheet (pages 1 and 2) for filing.		on Ethics or a Cou	the form by the Commission anty Supervisor of Elections disclosure filing, return the on.	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				
section, you must write "none" or "n/a" in that section(s).		Supervisor of El which they permanently resident	employees file with the ections of the county in nently reside. (If you do not le in Florida, file with the county where your agency	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				

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, 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.

has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

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.

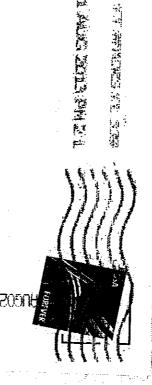
must file at the same time they file their qualifying papers.

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, 2012.

P.O. BOX 101725 CAPE CORAL, FJ. 33910

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