FORM 1	STATEM	STATEMENT OF		
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY	/ :
LAST NAME FIRST NAME MIDD Delisi, Daniel, Bryon	LE NAME :			134P
MAILING ADDRESS : 4936 Royal Palm Drive				NEOTO TO
				13APR10M0828 SDE LEE (0) F1
CITY : Estero	ZIP: COUNTY: FL USA			
NAME OF AGENCY :	FL USA			H
South Florida Water Managem	ent District			8
NAME OF OFFICE OR POSITION HE Governing Board Member	ELD OR SOUGHT :			<u></u>
You are not limited to the space on the li	nes on this form. Attach additional sheets	, if necessary.		
CHECK ONLY IF	OR NEW EMPLOYEE OR A	PPOINTEE		
**** BOT	H PARTS OF THIS SECT	ION MUST BE COMP	PLETED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	R FINANCIAL INTERESTS FOR THI	E PRECEDING TAX YEAR, WH	HETHER BASED ON A CALENDAR	
DECEMBER 31, 20	012 <u>OR</u> SPECIFY	TAX YEAR IF OTHER THAN T	THE CALENDAR YEAR:	
MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATION: (see instructions for further details).	S THE OPTION OF USING REPORTS, OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USUAL	E ABSOLUTE DOLLAR VALUES, WHI LLY BASED ON PERCENTAGE VALU	ICH JES
·		-	ALUE THRESHOLDS	
PART A PRIMARY SOURCES OF I	NCOME [Major sources of income to the	ne reporting person - See instructi	tions]	
(If you have nothing to re	port, you must write "none" or "n/a")			
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
DeLisi Fitzgerald, Inc.	1605 Hendry	St., Ft. Myers	Planning/Engineering consultant	
	OF INCOME and other sources of income to busines port, write "none" or "n/a")	ses owned by the reporting perso	on - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			
City of Fort Myers	Public	2200 Second, St.	Government	
Race Trac Petrolium		3225 Cumberland Pkwy A	tl, GA Convenience Stores	
PART C REAL PROPERTY [Land, (If you have nothing to rep 3799 CR 78 LaBelle, FL	buildings owned by the reporting person port, you must write "none" or "n/a")		FILING INSTRUCTIONS for when and where to file this	
J. J.J. Cit. 76 Labelle, FL			form are located at the bottom of page 2.	ı
			INSTRUCTIONS on who must	
			file this form and how to fill it out begin on page 3.	

		· · · · · · · · · · · · · · · · · · ·			
	AL PROPERTY [Stocks, bonds, report, you must write "none"	certificates of deposit, etc See instructions] ' or "n/a")			
TYPE OF INTANGIBL	E	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Bank Account		Wells Fargo Bank, NA			
Stocks, IRAs		Park Avenue Securities			
Bank Account		TD Ameritrade			
PART E — LIABILITIES [Major deb (If you have nothing to	ots - See instructions] report, you must write "none"	or "n/a")		139PR ORMO828 BOE	
NAME OF CREDITO	DR	ADDRESS OF CREDITOR			
Chase		P.O. Box 9001871, Louisville, KY, 40290			
Wells Fargo Bank,	NA	8700 Corkscrew Road, Estero, FL 33928		H	
				EE 00 F	
	eport, you must write "none" or	·	·		
(If you have nothing to re	BUSINESS ENTITY #	r "n/a")	structions] BUSINESS ENTITY # 3		
(If you have nothing to re	eport, you must write "none" or	r "n/a")	·		
(If you have nothing to re	BUSINESS ENTITY #	r "n/a")	·		
(If you have nothing to re	BUSINESS ENTITY #	r "n/a")	·		
(If you have nothing to re NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	BUSINESS ENTITY #	r "n/a")	·		
(If you have nothing to re NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	BUSINESS ENTITY #	r "n/a")	·		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	BUSINESS ENTITY #	r "n/a")	·		
(If you have nothing to re 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	eport, you must write "none" or BUSINESS ENTITY # N/A	r "n/a")	BUSINESS ENTITY # 3		
(If you have nothing to re 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	BUSINESS ENTITY # N/A THROUGH F ARE CONTI	r "n/a") 1 BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		

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:

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.

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.

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, 2012.

FORM 1	STATEM	ENT OF		2012
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	3	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL Delisi, Daniel, Bryon	E NAME :			
MAILING ADDRESS : 4936 Royal Palm Drive				ដ
				13APR10AM0827 SDE LEE CO F1
CITY: Estero	ZIP: COUNTY: FL USA			280wx
NAME OF AGENCY : South Florida Water Manageme				??9E
NAME OF OFFICE OR POSITION HEL Chief of Staff	.D OR SOUGHT :] EE C
You are not limited to the space on the liming CHECK ONLY IF CANDIDATE	oes on this form. Attach additional sheets, OR NEW EMPLOYEE OR AF	•		<u> </u>
**** 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, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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). CHECK THE ONE YOU ARE USING:				
				HRESHOLDS
PART A PRIMARY SOURCES OF IN	ICOME [Major sources of income to the wort, you must write "none" or "n/a")		ctions]	
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
DeLisi Fitzgerald, Inc.	1605 Hendry	St., Ft. Myers	Planning/Engineering consultant	
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep NAME OF BUSINESS ENTITY	nd other sources of income to business	ses owned by the reporting pers ADDRESS OF SOURCE	son - See	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
City of Fort Myers	Public	2200 Second, St.		Government
Race Trac Petrolium		3225 Cumberland Pkwy Atl, G		Convenience Stores
PART C REAL PROPERTY [Land, but (If you have nothing to report 1979) CR 78 LaBelle, FL	uildings owned by the reporting person ort, you must write "none" or "n/a")	i - See instructions]	when a form a of pag INSTR	GINSTRUCTIONS for and where to file this are located at the bottom see 2. UCTIONS on who must is form and how to fill it agin on page 3.

	PROPERTY [Stocks, bonds, coport, you must write "none"	pertificates of deposit, etc See instructions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Bank Account		Wells Fargo Bank, NA			
Stocks, IRAs		Park Avenue Securities			
Bank Account		TD Ameritrade			
PART E — LIABILITIES [Major debts (If you have nothing to re	- See instructions] port, you must write "none"	or "n/a")		3APR10M082750ELEFOOF	
NAME OF CREDITOR		ADDRESS OF CREDITOR			
Chase		P.O. Box 9001871, Louisville, KY, 40290			
Wells Fargo Bank, NA		8700 Corkscrew Road, Estero, FL 33928			
				<u> </u>	
	BUSINESSES [Ownership or port, you must write "none" or BUSINESS ENTITY # 1	cositions in certain types of businesses - See inst "n/a") BUSINESS ENTITY # 2	nuctions] BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	N/A				
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 TH	ROUGH F ARE CONTIN	IUED ON A SEPARATE SHEET, PLE	ASE CHECK HERE		
SIGNATURE (require	<u>d):</u>	DATE SIGNED	(reguired):		
Co Dol	نت.	418113			

FILING INSTRUCTIONS:

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