

FORM 1

STATEMENT OF

2003

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Eaton, Richard D.

FOR OFFICE
USE ONLY

MAILING ADDRESS :

13020 Seventh Street

CITY :

ZIP :

COUNTY :

Fort Myers, FL

33905-1728

Lee

NAME OF AGENCY :

Lee County Construction Licensing Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2003

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 (check one):



DECEMBER 31, 2003

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Eaton Air Conditioning, Inc	2859 Work Dr., Ft. Myers, FL	HVAC Contractor

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

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

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF
BUSINESS ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

SIGNATURE (required):

DATE SIGNED (required):

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.

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.

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.

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 19.)	For the year Jan. 1-Dec. 31, 2003, or other tax year beginning		2003, ending	, 20	OMB No. 1545-0074
	Your first name and initial		Last name		Your social security number
	RICHARD D.		EATON		
	If a joint return, spouse's first name and initial		Last name		Spouse's social security number
	SHIRLEY B.		EATON		
Home address (number and street). If you have a P.O. box, see page 19.				Apt. no.	▲ Important! ▲ You must enter your SSN(s) above.
13020 SEVENTH STREET					
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.					
FORT MYERS, FL 33905-1728					

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You Spouse

☐ Yes ☒ No ☐ Yes ☒ No

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b ☒ Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Is qualifying child for child tax credit (see page 21)	No. of children on 6c who:
					<input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see page 21)

d Total number of exemptions claimed 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 71,700.

8a Taxable interest. Attach Schedule B if required 11.

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends (see page 23) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13a Capital gain or (loss). Attach Schedule D if required. If not required, check here 13a

b If box on 13a is checked, enter post-May 5 capital gain distributions 13b

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount (see page 25) 15b

16a Pensions and annuities 16a b Taxable amount (see page 25) 16b 2,323.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 48,351.

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount (see page 27) 20b

21 Other income. List type and amount (see page 27) 21

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** 122,385.

Adjusted Gross Income

23 Educator expenses (see page 29) 23

24 IRA deduction (see page 29) 24 6,500.

25 Student loan interest deduction (see page 31) 25

26 Tuition and fees deduction (see page 32) 26

27 Moving expenses. Attach Form 3903 27

28 One-half of self-employment tax. Attach Schedule SE 28

29 Self-employed health insurance deduction (see page 33) 29 5,384.

30 Self-employed SEP, SIMPLE, and qualified plans 30

31 Penalty on early withdrawal of savings 31

32a Alimony paid b Recipient's SSN 32a

33 Add lines 23 through 32a 33 11,884.

34 Subtract line 33 from line 22. This is your **adjusted gross income** 34 110,501.

Tax and Credits

Standard Deduction for -

● People who checked any box on line 36a or 36b or who can be claimed as a dependent.

● All others:
Single, or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	110,501.
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a <input type="checkbox"/> 36b		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	10,586.
38	Subtract line 37 from line 35	38	99,915.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35	39	6,100.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	93,815.
41	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	17,076.
42	Alternative minimum tax. Attach Form 6251	42	0.
43	Add lines 41 and 42	43	17,076.
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see page 40)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	17,076.

Other Taxes

55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54 through 59. This is your total tax	60	17,076.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	17,850.
62	2003 estimated tax payments and amount applied from 2002 return	62	3,440.
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see page 56)	66	
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	21,290.

Refund

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	4,214.
70a	Amount of line 69 you want refunded to you	70a	
71	Amount of line 69 you want applied to your 2004 estimated tax	71	4,214.

Amount You Owe

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57	72	
73	Estimated tax penalty (see page 58)	73	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see page 58)? ☒ Yes. Complete the following. ☐ No
Designee's name **PREPARER** Phone no. **SECRETARY** Personal identification number (PIN) **P00268180****Sign Here**

Joint return? See page 20. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature **PREPARER** Date **SECRETARY** Your occupation **HVAC CONTRACTOR** Daytime phone number **SECRETARY**
Spouse's signature. If a joint return, both must sign. Date **SECRETARY** Spouse's occupation **SECRETARY****Preparer's Use Only**Preparer's signature **PREPARER** Date **SECRETARY** Check if self-employed ☐ Preparer's SSN or PTIN **P00268180**
Firm's name (or yours if self-employed), address, and ZIP code **HUGHES, SNELL & CO, PA** EIN **59-2309183**
1470 ROYAL PALM SQ BLVD Phone no **941-939-2233**
FORT MYERS, FL 33919-1082

Eaton Air Conditioning, Inc.
Balance Sheet
As of July 31, 2004

	Jul 31, 04
ASSETS	
Current Assets	
Checking/Savings	
Bank of America Checking	38,581.42
Bank of America Payroll	10,024.58
Total Checking/Savings	48,606.00
Accounts Receivable	
Accounts Receivable	28,263.14
Total Accounts Receivable	28,263.14
Other Current Assets	
Current Assets	
Inventory Asset - Equipm...	4,167.99
Inventory Asset - Materials	27,982.47
Total Current Assets	32,150.46
Undeposited Funds	850.10
Total Other Current Assets	33,000.56
Total Current Assets	109,869.70
Fixed Assets	
Property and Equipment	
Accumulated Depreciation	-124,622.17
Machinery & Equipment	8,155.00
Office Furiture & Equipment	10,392.18
Vehicles	116,651.33
Total Property and Equipment	10,576.34
Total Fixed Assets	10,576.34
Other Assets	
Other Assets	
Deposits	1,378.71
Organization Costs	2,617.40
Accumulated Amortization	-2,617.42
Total Other Assets	1,378.69
Total Other Assets	1,378.69
TOTAL ASSETS	121,824.73
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	9,465.73
Total Accounts Payable	9,465.73
Credit Cards	
Bank of America Credit C...	3,287.39
Total Credit Cards	3,287.39

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08/06/04

Accrual Basis

Eaton Air Conditioning, Inc.**Balance Sheet**

As of July 31, 2004

	<u>Jul 31, 04</u>
Other Current Liabilities	
Payroll Liabilities	
Federal Unemployment	104.29
FL Unemployment	6.76
Total Payroll Liabilities	<u>111.05</u>
Sales Tax Payable	413.25
Total Other Current Liabilities	<u>524.30</u>
Total Current Liabilities	<u>13,277.42</u>
Long Term Liabilities	
N/P GMAC 2003 Truck Paym...	15,885.77
N/P - Bill Smith, Inc.	0.02
N/P GMAC Truck Payments	3,499.85
Total Long Term Liabilities	<u>19,385.64</u>
Total Liabilities	<u>32,663.06</u>
Equity	
Additional Paid-in-Capital	15,500.00
Capital Stock	500.00
Distributions to Shareholder	-28,000.00
Opening Bal Equity	0.37
Retained Earnings	38,079.49
Net Income	63,081.81
Total Equity	<u>89,161.67</u>
TOTAL LIABILITIES & EQUITY	<u><u>121,824.73</u></u>

Eaton Air Conditioning, Inc.
Profit & Loss
January through July 2004

	Jan - Jul 04
Ordinary Income/Expense	
Income	
Dividend Refund	252.25
Employee Reimbursements	0.00
Income from Operations	
Inspections	55,101.40
Materials	30,574.02
New Construction	90,393.96
Rebate Income	-63.78
Replacements	214,366.83
Sales Labor	41,553.19
Warranties	1,186.00
Income from Operations - Ot...	-94.90
Total Income from Operations	433,016.72
Sales Tax Collection Allowance	171.39
Total Income	433,440.36
Cost of Goods Sold	
Cost of Goods Sold	
Equipment	100,509.92
Labor	80,339.52
Materials	33,370.98
Permits	1,146.25
Rebates	2,450.00
Total Cost of Goods Sold	217,816.67
Total COGS	217,816.67
Gross Profit	215,623.69
Expense	
Advertising	5,207.75
Automobile Expense	
Fuel/Oil	7,703.40
Truck Repairs	4,594.29
Total Automobile Expense	12,297.69
Bank Service Charges	108.59
Bridge Tolls	96.00
Credit Card Discounts/Fees	2,113.56
Dues and Subscriptions	300.00
Education	3,432.50
Freight & Delivery	125.89
Insurance	
Accident Insurance	897.28
Health Insurance Benefits	6,831.14
Liability Insurance	8,295.13
Work Comp	5,659.00
Total Insurance	21,682.55
Interest Expense	
Finance Charge	45.94
Loan Interest	103.83
Interest Expense - Other	533.16
Total Interest Expense	682.93

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08/06/04

Accrual Basis

Eaton Air Conditioning, Inc.
Profit & Loss
January through July 2004

	Jan - Jul 04
Licenses and Permits	574.45
Miscellaneous	125.00
Office Expense	2,848.48
Payroll Expenses	
Administrative Salaries	16,660.00
Commissions	5,845.00
Employee Bonuses	0.00
Federal Unemployment	414.33
FL Unemployment	181.27
Medicare - Company	1,841.86
Officers Bonus	0.00
Officers Salaries	31,000.00
Social Security - Company	7,875.47
Vacations - Labor	0.00
Payroll Expenses - Other	768.00
Total Payroll Expenses	64,585.93
Postage and Delivery	688.15
Printing and Reproduction	624.49
Professional Fees	
Accounting	1,750.00
Consulting	175.00
Total Professional Fees	1,925.00
Rent	12,827.01
Repairs	
Building Repairs	235.68
Repairs - Other	70.00
Total Repairs	305.68
Security	133.56
Shop Supplies	1,394.14
Subcontractors	2,451.00
Supplies - Office	1,001.61
Taxes	
Corporate Annual Fees	150.00
Florida Use Tax	7,159.95
Tax Penalty	1,111.27
Total Taxes	8,421.22
Telephone	
Answering Service	762.28
Cellular Phones	3,330.11
Office Phones	1,896.32
Total Telephone	5,988.71
Tools & Machinery	1,015.05
Travel & Ent	
Entertainment	2,130.00
Meals	275.00
Travel	432.00
Total Travel & Ent	2,837.00

11:30 AM
08/06/04
Accrual Basis

Eaton Air Conditioning, Inc.
Profit & Loss
January through July 2004

	Jan - Jul 04
Uniforms	1,380.07
Utilities	1,407.25
Total Expense	156,581.26
Net Ordinary Income	59,042.43
Other Income/Expense	
Other Income	
Other Income	4,039.38
Total Other Income	4,039.38
Net Other Income	4,039.38
Net Income	63,081.81

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7/29/04 11:29
SUPERVISOR OF OPERATIONS