FORM 1		STATEM		2010,				
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS								
LAST NAME FIRST NAME MID		steven		FOR OUTICE USE ONLY				
11201 Compass	<u>r</u> +.			pde				
CITY: Fort Myers	ZIP	Lee		o.				
NAME OF AGENCY: Industrial Development Authority - Lee NAME OF OFFICE OR POSITION HELD OR SOUGHT: Lee NAME OF OFFICE OR POSITION HELD OR SOUGHT: Lee NAME OF OFFICE OR POSITION HELD OR SOUGHT:								
Board Me You are not limited to the space on the	eq. Code							
CHECK ONLY IF 🔲 CANDIDATE								
MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATION instructions for further details). PLEA	RTABLE IN RS THE (S, OR USI		TING THRESHOLDS 1 HOLDS, WHICH ARE U	THAT ARE ABS JSUALLY BASE	OLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see			
PART A PRIMARY SOURCES OF	INCOME	[Major sources of income to t	he reporting person]	LLAR VALUE TH				
(If you have nothing to NAME OF SOURCE OF INCOME	eport, you) IRCE'S IRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
SHJ Manufacturing Services				13909 Mfg of Components for Medica				
PART B SECONDARY SOURCE		ME [Major customers, clients, u must write "none" or "n/a		ncome to busines	sses owned by the reporting person]			
	NAM	OF MAJOR SOURCES	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
SHJ Manufacturing	Flext	ronics Fut'l	oostrum, Net	therlands	contract Mfg.			
PART C REAL PROPERTY [Lanc (If you have nothing to r			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
None			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.					
				отн	e on page 3. ER FORMS you may need e are described on page 6.			

PART D — INTANGIBLE PERSONA (If you have nothing to						
TYPE OF INTANGIBLI		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Stock						
311010	11 - 1 - 1	545 Manufacturing forvices				
<u></u>				<u> </u>		
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
PART E — LIABILITIES [Major debt (If you have nothing to)		write "none" or "n/s				
	3 190 9	1				
	<u></u>	ADDRESS OF CREDITOR				
None		+		<u></u>		
PART F — INTERESTS IN SPECIFIES (If you have nothing to re) BUSINESSES ((Ownership or position ite "none" or "n/a")	is in certain types of businesses]			
(ii you have nothing to re		SENTITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	None					
ADDRESS OF BUSINESS ENTITY				· · · · · · · · · · · · · · · · · · ·		
PRINCIPAL BUSINESS ACTIVITY	<u> </u>					
POSITION HELD WITH ENTITY	·			<u> </u>		
I OWN MORE THAN A 5%	u		<u> </u>			
INTEREST IN THE BUSINESS						
OWNERSHIP INTEREST	معالکات وی میکند زیاری ا			والمتقاد المتحدين والمحدين		
IF ANY OF PARTS A T	HROUGH F AF		ON A SEPARATE SHEET, PLE			
SIGNATURE (required): DATE SIGNED (required):						
	FI	LING INS	TRUCTIONS:			

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).

Facsimiles will not be accepted.

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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.

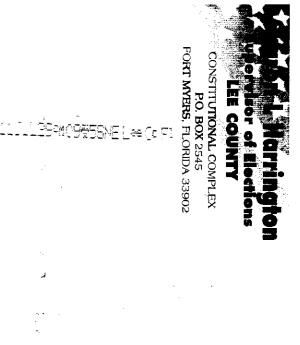
WHEN TO FILE:

Initially, each local officer/employee, stat officer, and specified state employee mufile *within 30 days* of the date of his or his appointment or of the beginning of employment. Appointees who must be confirmed to the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees as required to file by July 1st following ear calendar year in which they hold their potions.

Finally, at the end of office or employment each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 date of leaving office or employment.



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SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

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