FORM 1	STATEM	ENT OF		2012		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDDLE N						
MAILING ADDRESS:	ss Point D	1		9821		
Ft Myers ?	33908 Lee	2				
NAME OF AGENCY :	atil Davida	+ Arthorist		139UG06AM0908 SIJE LEE COF		
NAME OF OFFICE OR POSITION HELD OF BOARD Members	OR SOUGHT:	Action (		CE C		
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF	on this form. Attach additional sheets			entre de la companya		
**** BOTH	PARTS OF THIS SECT	ION MUST BE COM	PLETI	ED ****		
THIS STATEMENT REFLECTS YOUR FI YEAR OR ON A FISCAL YEAR. PLEASE EITHER (paust check one):	STATE BELOW WHETHER TH					
DECEMBER 31, 2012		TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:		
MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS TH REQUIRES FEWER CALCULATIONS, O (see instructions for further details). CHE	HE OPTION OF USING REPORT R USING COMPARATIVE THRE	SHOLDS, WHICH ARE USUA				
				THRESHOLDS		
` '	ME [Major sources of income to the you must write "none" or "n/a")		ctions]			
NAME OF SOURCE OF INCOME	ADD	RCE'S RESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
SHIT Manufacturing	2685 NE 9th/A1	e Capa Coral FL 33909	Manu	rfacture of Median Componen		
PART B SECONDARY SOURCES OF II [Major customers, clients, and c (If you have nothing to report	ther sources of income to business	ses owned by the reporting pers	on - See	instructions]		
NAME OF N BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None						
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")				FILING INSTRUCTIONS for when and where to file this		
None				are located at the bottom ge 2.		
				RUCTIONS on who must		
				is form and how to fill it		

PART D — INTANGIBLE PERSON (If you have nothing to				e instructions]				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
Stock		SHJ Manufacturing Services. Duc.						
J TOER		7 12 7 13	10 (0) (0)					
<u></u>								
PART E — LIABILITIES [Major del (If you have nothing to			a")					
NAME OF CREDITOR		ADDRESS OF CREDITOR						
None	<u>-</u>							
					<del></del>			
PART F — INTERESTS IN SPECIFIE (If you have nothing to r	eport, you must write	wnership or positio e "none" or "n/a") ENTITY # 1	ns in certain types of busi		tructions] BUSINESS ENTITY # 3	ed Sanda		
NAME OF BUSINESS ENTITY								
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY						8		
I OWN MORE THAN A 5%						171		
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 (required):			DATE :	SIGNED (	(required):			
			8/2/	13				
DIT INC INCEDITORIO.								

# 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.

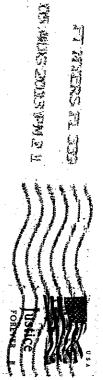
**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

Fort Myers FL 33908

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Fort Myers FL 33902 Depervisor of Elections P.O. Box 2545



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