

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Krupick David Xavier

MAILING ADDRESS :

3848 Luzon St

City: Ft Myers ZIP: 33901-5517 COUNTY: Lee

NAME OF AGENCY :

Ft Myers Code Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board member

CHECK ONLY IF [] CANDIDATE OR [x] NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No. 201342

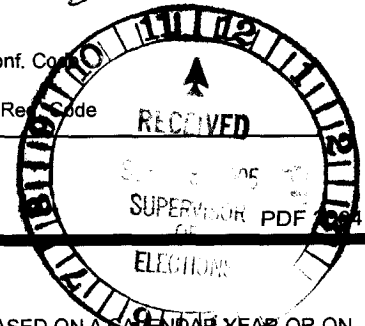
Conf. Code

P. Re Code

COMMISSION ON ETHICS

DATE RECEIVED

SEP 19 2005



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 (check one):

[x] DECEMBER 31, 2004 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]

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Social Security, Washington DC, Distributing Funds.

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

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: David Krupick, Mail order, Dollhouse Miniatures.

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

Table with 1 column: REAL PROPERTY. Row 1: Residence at 3848 Luzon St. Ft Myers, FL.

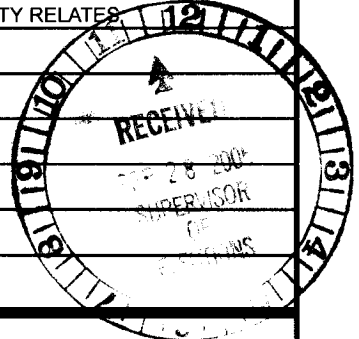
FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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
First Community Bank	certificates of deposit
Bank of America	certificates of deposit
Mount School's Fed Credit Union	certificates of deposit



PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

None	

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 ENTITY	None	None	None
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% 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):

David Kuyper

DATE SIGNED (required):

9/14/2008

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; 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, 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.

Thomas P. Scarritt, Jr.
Chair
Kurt D. Jones
Vice Chair
Mike Carr
Joel K. Gustafson
Charles Lydecker
Albert P. Massey, III
Norman M. Ostrau
Richard L. Spears
Catherine B. Whatley



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Bonnie J. Williams
Executive Director

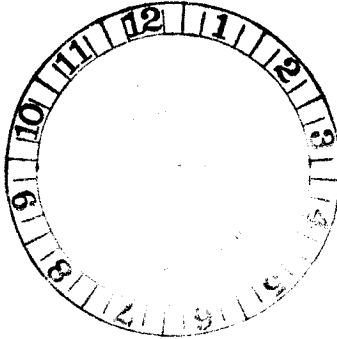
Philip C. Claypool
General Counsel

(850) 488-7864 Phone
278-7864 Suncom
(850) 488-3077 (FAX)

www.ethics.state.fl.us

September 21, 2005

David Xavier Krupick
3848 Luzon Street
Fort Myers, FL 33901-8517



Dear Mr. Krupick:

Your Form 1, Statement of Financial Interests, has been misfiled with the Commission on Ethics. By copy of this letter, I am forwarding said form to the Lee County Supervisor of Elections for appropriate filing.

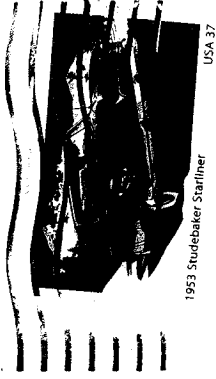
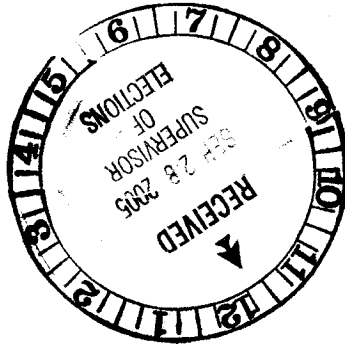
Sincerely,

A handwritten signature in cursive script that reads "Connie A. Evans".

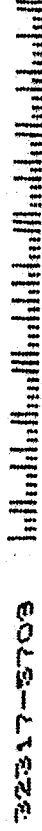
Connie A. Evans
Executive Secretary

cc: Sharon Harrington
Lee County Supervisor of Elections (w/enclosure)

BARBARA & DAVID KRUPICK
3848 LUZON STREET
FT. MYERS, FL 33901-8517



Commission on Ethics
P.O. Drawer 15709
Tallahassee FL 32312



Commission on Ethics
State of Florida
3600 Maclay Boulevard, South, Suite 201
Post Office Drawer 15700
Tallahassee, FL 32311



3390242545

The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Fort Myers, FL 33902

