FORM 1	STATEMENT OF			2013	
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	IAME :	* absorte	—— omie≟iii	SUBLEE( OF)	
SANCHEZ LOUIS	G	·······································	4000011	DOM TRECTURE	
	irché				
Ft. MYERS	33908 LEE				
CITY: V/A	ZIP: COUNTY:				
NAME OF AGENCY: CATALINA ATW	INKLER CDD				
NAME OF OFFICE OR POSITION HELD					
ASSISTANT SEC	_ ^ /				
You are not limited to the space on the lines	•				
CHECK ONLY IF CANDIDATE O	R NEW EMPLOYEE OR APP	POINTEE			
**** BOTH	PARTS OF THIS SECTION	ON MUST BE COM	PLETE	D ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS					
EITHER (must check one):  DECEMBER 31, 2013	OR SPECIFY TO	AX YEAR IF OTHER THAN	THE CAL	ENDAR YEAR:	
MANNER OF CALCULATING REPORTA FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPARA further details). CHECK THE ONE YOU	REPORTING THRESHOLDS THATIVE THRESHOLDS, WHICH ARI	AT ARE ABSOLUTE DOLLA E USUALLY BASED ON PE	AR VALUI RCENTA	ES, WHICH REQUIRES FEWER GE VALUES (see instructions for	
_ '	CENTAGE) THRESHOLDS O	B DOLLAR	VALUE T	HRESHOLDS	
PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")					
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
SOCIAL SECURITY	WASHINGTON	WMSHINGTON, LC		RETIREMENT	
NCIS /	MASHINGTON	WASHINGTON, DC		RETIREMENT	
		/		<b>,</b>	
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to businesse	s owned by the reporting per	son - See	instructions)	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A			_		
,,,,		•			
				<del></del>	
PART C - REAL PROPERTY (Land, buildings owned by the reporting person - See instructions)  (If you have nothing to report, write "none" or "n/a")				S INSTRUCTIONS for and where to file this	
17214 WRIGLEYCI	RCLE, Ft. MYERS	FL 33908		re located at the bottom	
/	/ / /			UCTIONS on who must	
				s form and how to fill it gin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (Store (If you have nothing to report, write "none		ctions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHI	CH THE PROPERTY RELATES		
NA				
7,				
	*14DEC13AN031130E LEEF 0 F I			
PART E — LIABILITIES (Major debts - See instructions) (If you have nothing to report, write "none				
NAME <sub>/</sub> OF CREDITOR	ADDRESS OF CREDITOR			
NA				
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none" (	winership or positions in certain types of busines or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	N/N			
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				
	E CONTINUED ON A SEPARATE SHEE	ET. PLEASE CHECK HERE		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE (required):  DATE SIGNED (required):				
Town Y. Sanchy	Dec 16,0			
If a certified public accountant licensed under Chaptes she must complete the following statement:				
the instructions to the form. Upon my reasonable kno	, prepared the CE Form 1 in accordance by by by and belief, the disclosure herein is tr	e with Section 112.3145, Florida Statutes, and ue and correct.		
Signature	<del></del>	Date		
	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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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:

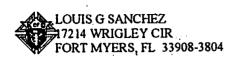
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment

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, fiting a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of fiting a CE Form 1 if he or she was in their position on December 31, 2013.





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LEE COUNTY SUPERVISOR OF Elections THE HONORABLE SHARON L. HARRINGTON 2480 THOMPSON STREET FORT MYERS, FL 33902

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