FORM 1

STATEMENT OF

2012

address, agency name, and position bel	ow.	LINIERESIS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDE	<u> </u>		
MAILING ADDRESS:	Steven		نيا <u>س</u>
7031 Neal Ko	ag d		
			3.UL 2940151 SCE LEE (0 F
CITY:	ZIP: COUNTY:	MG 40	Ā
Fort Myers	33905 Lea	0	
NAME OF AGENCY:	eet Management		EEC
NAME OF OFFICE OR POSITION HI	ELD OR SOUGHT:		T.
Shop Superintendent			LAPPINA I
You are not limited to the space on the I CHECK ONLY IF CANDIDATE	ines on this form. Attach additional sheet OR	ts, if necessary.	rofficed
**** BO1 DISCLOSURE PERIOD:	TH PARTS OF THIS SEC	TION MUST BE COMPL	ETED ****
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one):	IR FINANCIAL INTERESTS FOR THE EASE STATE BELOW WHETHER T	HE PRECEDING TAX YEAR, WHE HIS STATEMENT IS FOR THE PR	THER BASED ON A CALENDAR ECEDING TAX YEAR ENDING
DECEMBER 31, 26	012 <u>or</u> 🔲 SPECIF	Y TAX YEAR IF OTHER THAN TH	E CALENDAR YEAR:
REQUIRES FEWER CALCULATION (see instructions for further details).	RS THE OPTION OF USING REPOR IS, OR USING COMPARATIVE THR	RESHOLDS, WHICH ARE USUALL' G:	ABSOLUTE DOLLAR VALUES, WHICH Y BASED ON PERCENTAGE VALUES
PART A PRIMARY SOURCES OF	NCOME [Major sources of income to	the reporting person - See instruction	ns]
· · · · · · · · · · · · · · · · · · ·	port, you must write "none" or "n/a'	•	
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
none			
	<u></u>		
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re	OF INCOME and other sources of income to busines aport, write "none" or "n/a")	sses owned by the reporting person	- See instructions]
[Major customers, clients,	and other sources of income to busine	ADDRESS OF SOURCE	- See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
[Major customers, clients, (If you have nothing to re NAME OF	and other sources of income to busine eport, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS
[Major customers, clients, (If you have nothing to nothing to nothing to nothing to nothing to nothing to nothing to nothing the nothing to nothing the nothing to nothing the no	and other sources of income to busine eport, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS
[Major customers, clients, (If you have nothing to re NAME OF BUSINESS ENTITY	and other sources of income to busine eport, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS
[Major customers, clients, (If you have nothing to re NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land,	and other sources of income to busine eport, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS
[Major customers, clients, (If you have nothing to re NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land, (If you have nothing to re	and other sources of income to busine eport, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE on - See instructions]	PRINCIPAL BUSINESS ACTIVITY OF SOURCE ILING INSTRUCTIONS for hen and where to file this
[Major customers, clients, (If you have nothing to re NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land,	and other sources of income to busine eport, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE on - See instructions] fi w fo	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
[Major customers, clients, (If you have nothing to re NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land, (If you have nothing to re	and other sources of income to busine eport, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE on - See instructions] fi w fo of	PRINCIPAL BUSINESS ACTIVITY OF SOURCE LING INSTRUCTIONS for then and where to file this the source of the bottom

PART D INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIB	<u>LE</u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
None						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
none						
<u> </u>			<u> </u>			
			The state of the s			
			表 [5]			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, you must write "none" or "n/a")						
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3 1/2			
NAME OF BUSINESS ENTITY	None	·	Tab			
ADDRESS OF BUSINESS ENTITY	•	·	(O)			
PRINCIPAL BUSINESS ACTIVITY			1 			
POSITION HELD WITH ENTITY						
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): DATE SIGNED (required):						
		-120/12				

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/employe state officer, and specified state employemust file within 30 days of the date his or her appointment or of the beginnir of employment. Appointees who must be confirmed by the Senate must file prior confirmation, even if that is less than 3 days from the date of their appointmen

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 are required to file by July 1st following each calendar year in which they hold the positions.

Finally, at the end of office or employmer each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. Howeverfiling a CE Form 1F (Final Statement Financial Interests) does <u>not</u> relieve the fill of filing a CE Form 1 if he or she was in the position on December 31, 2012.