FORM 1	STATEM	STATEMENT OF			
Please print or type your name, mailing address, agency name, and position below:		INTERESTS		FOR OFFICE USE ONLY:	
GLUECIC NECSON S	IAME :				
MAILING ADDRESS: 349/ BALLYBRIDS	i ciac \$200				
BONFA SOPINGS FL	54/39 Lεε ZIP: COUNTY:		\	7134	
POAR OF SAEL!	ZIP: COUNTY: SONS PAYELGEN COMM	way acreed,	V	13MAY300M0911SDELEE (0	
	OD OOUGUT			0911	
NAME OF OFFICE OR POSITION HELD UCE - CHAMMAN - S					
You are not limited to the space on the lines				H O	
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE OR AF	PPOINTEE		<u> </u>	
THIS STATEMENT REFLECTS YOUR FIVE AR OR ON A FISCAL YEAR. PLEASI EITHER (must check one): DECEMBER 31, 2012 MANNER OF CALCULATING REPORTATHE LEGISLATURE ALLOWS FILERS TO	E STATE BELOW WHETHER TH OR	IS STATEMENT IS FOR THE	PRECED	ING TAX YEAR ENDING ENDAR YEAR:	
REQUIRES FEWER CALCULATIONS, O (see instructions for further details). CHE	R USING COMPARATIVE THRE	SHOLDS, WHICH ARE USUA			
COMPARATIVE (PERC	ENTAGE) THRESHOLDS	DR DOLLAR	ALUE T	HRESHOLDS	
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the you must write "none" or "n/a")	e reporting person - See instruc	ctions]		
NAME OF SOURCE	SOUF	RCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
BUTGONDERCH CHEM. PENSI SOCIAL SECURITY	ON CLEUELAMI)	otho			
SOCIAL SECURITY	WASHINGO	WASHINGTON DC		CHEMICHI MANS. GOVERMENT	
PART B SECONDARY SOURCES OF I [Major customers, clients, and (If you have nothing to report	other sources of income to business	ses owned by the reporting pers	on - See i	nstructions]	
NAME OF BUSINESS ENTITY	AME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
P/A					
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		
	200	at the same	form a	re located at the bottom	
NONE		,	of pag		
		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

DART D. INTANCIDI E DEDEONAL PROPERTY (Stocke hands contificates of deposit etc., See instructions)								
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 INTANGIBL	<u>E</u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
IRA - STOCK, BO	inds	MCRGAN STANLY SM. TH PHARNEY						
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 W/A							
		<u></u>	<u></u>					
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								
NAME OF BUSINESS ENTITY	None			Ожно <u>Э</u> 11				
ADDRESS OF BUSINESS ENTITY	, 1							
PRINCIPAL BUSINESS ACTIVITY	1,			H.				
POSITION HELD WITH ENTITY	į l			E				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	· · ·			8 F1				
NATURE OF MY OWNERSHIP INTEREST	<i>I</i> *							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required): DATE SIGNED (required):								
Nelson & B.	lwek		May 28 2013					
FILING INSTRUCTIONS:								

FILING INSTRUC

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/employed state officer, and specified state employed 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 confirmation, even if that is less than 3 days from the date of their 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 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, as specified state employee is required to file final disclosure form (Form 1F) within 60 dat of leaving office or employment. However filing a CE Form 1F (Final Statement Financial Interests) does not relieve the filling a CE Form 1 if he or she was in the position on December 31, 2012.

GERALDINE GLUECK OR NELSON'S GLUECK NELSON'S GLUECK 3491 BALLYBRIDGE CIR 202 BONITA SPRINGS, FL 34134

SUPERUISOR OF ELECTIONS

P.C. Box 2545
FORT MYERS FL 33902

日本社会工程人员 EL MAERS EN 330

