FORM 1	STATEM	STATEMENT OF		2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE I	HILLIAM CA	RE (*145E	-0:391 ANE FEE (0 H.1	
V > 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HELLAGE				
CITY: ALVA F					
NAME OF AGENCY: FIRE COS					
NAME OF OFFICE OR POSITION HELD					
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O	_				
**** BOTH DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):		PRECEDING TAX YEAR, W	/HETHER	R BASED ON A CALENDAR	
DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:					
MANNER OF CALCULATING REPORT. FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPAR, further details). CHECK THE ONE YOU	3 REPORTING THRESHOLDS TH ATIVE THRESHOLDS, WHICH AF	HAT ARE ABSOLUTE DOLL RE USUALLY BASED ON PE	AR VALU ERCENTA	ES, WHICH REQUIRES FEWER AGE VALUES (see instructions for	
COMPARATIVE (PERCENTAGE) THRESHOLDS OR D-DOLLAR VALUE THRESHOLDS					
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			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
GELF EMPLOYE	D 1931 MI			PAFTIMS	
	ALY# PC	33970			
	. <u></u>				
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to business	ses owned by the reporting per	son - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA			-		
			-		
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
			file th	RUCTIONS on who must is form and how to fill it egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates of deposit, etc See instructions] e" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
HOME	SELF		
()			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	•		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
S/3 BANK	CINH OHIO		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(If you have nothing to report, write "none"	Ownership or positions in certain types of businesses - See instructions] or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	1931 MITCHELL AND		
PRINCIPAL BUSINESS ACTIVITY	TO MILLABLE AND		
POSITION HELD WITH ENTITY	OKINE		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	SELF EMPLOYED		
IF ANY OF PARTS A THROUGH F AF	RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE (required):	DATE SIGNED (required):		
Miss	9-2-14		
If a certified public accountant licensed under Chapt she must complete the following statement.	ter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or		
I, the instructions to the form. Upon my reasonable kn	, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and towledge and belief, the disclosure herein is true and correct.		
Signature	Date		

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.

FILING INSTRUCTIONS:

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, 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, 2013.