

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Kuchman, Tracey ANN

MAILING ADDRESS :

14120 Warner Cr.

N. Fort Myers FL 33903

CITY :

ZIP :

COUNTY :

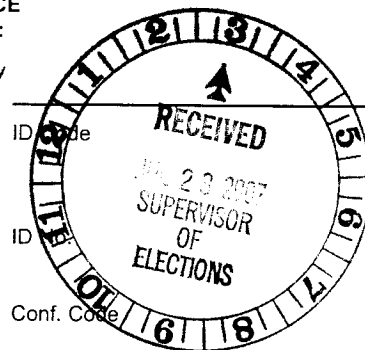
NAME OF AGENCY :

Lee County Housing Authority

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

FOR OFFICE
USE ONLY:



ID Code

ID

Conf. Code

P. Req. Code

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

****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):



DECEMBER 31, 2006

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2006

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]

NAME OF SOURCE
OF INCOME

SOURCE'S
ADDRESS

DESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

Sunny's Real Pit BBQ Winkler Rd, Fort Myers FL

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

NAME OF
BUSINESS ENTITY

NAME OF MAJOR SOURCES
OF BUSINESS' INCOME

ADDRESS
OF SOURCE

PRINCIPAL BUSINESS
ACTIVITY OF SOURCE

None

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

Rent

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

None

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 ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

Nancy A. Kuchman

DATE SIGNED (required):

7/23/07

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).

Facsimiles will not be accepted.

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.

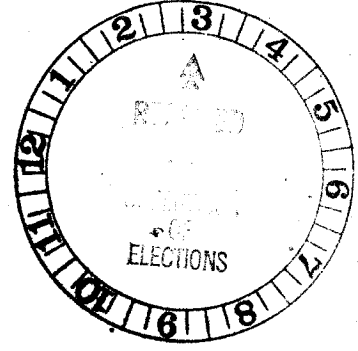
Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

2005

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2005	
a Control number		OMB No. 1545-0008	
1 Wages, tips, other comp.		2 Federal income tax withheld	
10871.84		43.80	
3 Social security wages		4 Social security tax withheld	
3482.74		674.06	
b Employer ID no. (EIN)		5 Medicare wages and tips	
75-3065398		6 Medicare tax withheld	
10871.84		157.64	
c Employer's name, address, and ZIP code			
SOUTH FLORIDA BARBEQUE INC			
3120 S 4TH STREET			
FT PIERCE, FL 34982-6338			
d F number			

e Employee's name, address, and ZIP code			
TRACEY A KUCHMAN			
14120 WARNER CR			
N. FT. MYERS, FL 33903			
FDWA0110L 07/16/05			
7 Social security tips		8 Allocated tips	
7389.10		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans	
12a Code See inst. for box 12		980.00	
13 Statutory employee		14 Other	
Retirement Plan		12b Code	
Third-party sick pay		12c Code	
12d Code		12d Code	
15 State Employer's state ID number		16 State wages, tips, etc.	
18 Local wages, tips, etc.		19 Local income tax	
20 Locality name		17 State income tax	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS



a Control number		1 Wages, tips, other comp.		2 Federal income tax withheld	
OMB NO. 1545-0008		12803.52		43.80	
3 Social security wages		3482.74		4 Social security tax withheld	
75-3065398		3482.74		674.06	
5 Medicare wages and tips		10871.84		6 Medicare tax withheld	
10871.84		157.64		157.64	
c Employer's name, address and ZIP code					
SONNY'S BAR-B-Q					
13400 BUDLER ROAD					
PLAINFIELD, IL 60544					
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
8414.04		12803.52		1255.54	
10 Dependent care benefits		11 Nonqualified plans		12a Code	
12b Code		12c Code		12d Code	
12d Code		12d Code		12d Code	
b Employer identification number (EIN)		14 Other		15 State Employer's state ID No.	
75-3065398		14 Other		16 State wages, tips, etc.	
13 Statutory employee		14 Other		17 State income tax	
Retirement plan		14 Other		18 Local wages, tips, etc.	
Third-party sick pay		14 Other		19 Local income tax	
14 Other		14 Other		20 Locality name	
e Employee's name, address and ZIP code					
TRACEY A KUCHMAN					
14120 WARNER CR					
N. FT. MYERS, FL 33903					
2006					
W-2 Statement					
Copy 2-To Be Filed With					
Employee's State, City, or					
Local Income Tax Return.					

Department of the Treasury—Internal Revenue Service

2006