

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Kushman Tracey Ann

MAILING ADDRESS :

14120 Warner Cr

N. Fort Myers 33903

CITY :

ZIP :

COUNTY :

Lee County Housing Authority

NAME OF AGENCY :

Commissioner (Resident)

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

11MAY24PM08:55NE Lee Co FI

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 (must check one):



DECEMBER 31, 2010

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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 (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE
OF INCOME

SOURCE'S
ADDRESS

DESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

Sonny's BBQ

Winkler Rd, Fort Myers

Restaurant

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

(If you have nothing to report, you must write "none" or "n/a")

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]

(If you have nothing to report, you must write "none" or "n/a")

None

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.]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
(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		
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			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

Tracy A. Hulman

DATE SIGNED (required):

5/23/11

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.

Department of the Treasury-Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	9161.46	
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	3378.06	568.01
	5 Medicare wages and tips	6 Medicare tax withheld
	9161.46	132.84

c Employer's name, address and ZIP code

SOUTH FLORIDA BARBEQUE, INC.

13400 BUDLER ROAD

PLAINFIELD, IL

7 Social security tips	8 Allocated tips	9 Advance EIC payment
5783.40		1631.42
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer's identification number (EIN) a Employee's social security number

13 Statutory employee Retirement plan Third-party sick pay 14 Other

e Employee's first name and initial Last name Suff. This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

TRACEY A

KUCHMAN

14120 WARNER CR

FT. MYERS, FL

33903

f Employee's address and ZIP code

2010	15 State	Employer's state I.D. No.	16 State wages, tips, etc.
Form W-2 Wage and Tax Statement	17 State income tax	18 Local wages, tips, etc.	
Copy C For EMPLOYEE'S RECORDS	19 Local income tax	20 Locality name	
(See Notice to Employee on the back of Copy B.)			