FORM 1	STATEM	ENT OF		2012		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE Kuchman Trace MAILING ADDRESS :	- X					
14120 Warner C N.Fort Myers FL			EOUNEDO			
Lee County Ho NAME OF AGENCY: Commissione	$\frac{1}{1}$	$\backslash /$	.3JUNOGAMO916 SDE LEE CO FI			
NAME OF OFFICE OR POSITION HELD		N	Ĕ			
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O	, if necessary. PPOINTEE					
**** 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):   Mark DECEMBER 31, 2012   OR   SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:						
MANNER OF CALCULATING REPORT. THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, ( (see instructions for further details). CHI	TABLE INTERESTS: THE OPTION OF USING REPORT OR USING COMPARATIVE THRE ECK THE ONE YOU ARE USING:	TING THRESHOLDS THAT ARE SHOLDS, WHICH ARE USUAL	E ABSOI LLY BAS	LUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES		
PART A PRIMARY SOURCES OF INC						
(If you have nothing to repor	t, you must write "none" or "n/a")		-			
	ADDI	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Sonny's BBQ	Winkler Rd., f	Fort livers FL		Server		
1						
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to business	ses owned by the reporting perso	n - See i	instructions]		
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, build (If you have nothing to report	dings owned by the reporting person t, you must write "none" or "n/a")	· · ·		INSTRUCTIONS for		
None			and where to file this re located at the bottom e 2.			
·			INSTR	UCTIONS on who must s form and how to fill it		
				gin on page 3.		

PART D — INTANGIBLE PERSON (If you have nothing to				uctions]		
TYPE OF INTANGIBLE		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
None						
	·			······································		
PART E — LIABILITIES [Major de (If you have nothing to			n/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR				
None						
				и Ш		
PART F INTERESTS IN SPECIFI						
(If you have nothing to a		VESS ENTITY # 1	-) BUSINESS ENTITY #			
NAME OF BUSINESS ENTITY	Ν	lone.				
ADDRESS OF BUSINESS ENTITY	· · · · · · · · · · · · · · · · · · ·	<u></u>		H S		
PRINCIPAL BUSINESS ACTIVITY				1		
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5%						
NATURE OF MY OWNERSHIP INTEREST						
	THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (requi				NED (required):		
Irver a. Huch	mon		5 2	29 13		
0	F	ILING IN	<b>STRUCTIONS</b>			
WHAT TO FILE:		WHERE TO		WHEN TO FILE:		
After completing all parts of this form, <u>including signing and dating it</u> , send back only the first sheet (pages 1 and 2) for filing.		on Ethics or a Cou	the form by the Commission unty Supervisor of Elections	Initially, each local officer/employ state officer, and specified state employ	ye	
		for your annual ( form to that location	disclosure filing, return the on.	must file within 30 days of the date his or her appointment or of the begin	nin	
If you have nothing to report section, you must write "none" of			employees file with the lections of the county in	of employment. Appointees who must confirmed by the Senate must file prior	or i	
section(s).		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.) <b>State officers or specified state employees</b>		confirmation, even if that is less than days from the date of their appointm		
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required				Candidates for publicly-elected local o must file at the same time they file t		
				qualifying papers.		
to file a second Form 1 for the same year. However, a candidate who previously filed		file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.		Thereafter, local officers/employees, s officers, and specified state employ are required to file by July 1st follow	/ee	
Form 1 because of another public position must at least file a copy of his or her original		Candidates file this form together with their qualifying papers.		each calendar year in which they hold to positions.	the	
Form 1 when qualifying.		To determine what category your position falls under, see the "Who Must File" Instructions on page 3.		Finally, at the end of office or employm	ier	
				each local officer/employee, state officer, an specified state employee is required to file		
		<u>Facsimiles wi</u>	ill not be accepted.	final disclosure form (Form 1F) within 60 c of leaving office or employment. Howe	≥ve	
				filing a ČE Form 1F (Final Statemen Financial Interests) does <u>not</u> relieve the	fil	
				of filing a CE Form 1 if he or she was in position on December 31, 2012.	EI II	

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