FORM 1	STAT	EMENT OF	INCICMED	
Please print or type your name, mailing address, agency name, and position be	FINANCI	AL INTEREST	FOR OFFICE USE ONE.	
LAST NAME - FIRST NAME - MID	DLE NAME:			
MAILING ADDRESS	Predente a	:	COPY	
CITY: BONKA GRINGS	34156 COUNT	TY:	808	
NAME OF AGENCY:	> ACTIVITY		OSETE STATE	
NAME OF OFFICE OR POSITION H				
You are not limited to the space on the CHECK ONLY IF CANDIDATE		I sheets, if necessary. E OR APPOINTEE	-	
	TH PARTS OF THIS S	ECTION MUST BE CO	MPLETED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO YEAR OR ON A FISCAL YEAR, P EITHER (must check one):	UR FINANCIAL INTERESTS FO LEASE STATE BELOW WHETH	OR THE PRECEDING TAX YEAR, IER THIS STATEMENT IS FOR TH	WHETHER BASED ON A CALENDAR HE PRECEDING TAX YEAR ENDING	
DECEMBER 31,	2012 <u>or</u> 🛭 SP	ECIFY TAX YEAR IF OTHER THA	N THE CALENDAR YEAR:	
MANNER OF CALCULATING REF THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATIO (see instructions for further details).	RS THE OPTION OF USING R NS, OR USING COMPARATIVE	ETHRESHOLDS, WHICH ARE US	ARE ABSOLUTE DOLLAR VALUES, WHICHE UALLY BASED ON PERCENTAGE VALUES	
♪	PERCENTAGE) THRESHOLI		R VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF (If you have nothing to	FINCOME [Major sources of incorreport, you must write "none" o		<u>iii</u>	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	_
VINCENT APCAME	70 9187 BREW	an lease ple ct.	ARCHHEOUTE KYACK	7
				-
				1
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to	S OF INCOME i, and other sources of income to I report, write "none" or "n/a")	ousinesses owned by the reporting p	erson - See instructions]	7
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCE OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
GAM L. VINCENT ALCHNE	K CITY OF BONKING	Pries 1101 BUKA BLACA	PD. CONSUTANT CHICATRE	My
	 			4
PART C REAL PROPERTY (Land (if you have nothing to	i, buildings owned by the reporting report, you must write "none" or		FILING INSTRUCTIONS for	7
RIMANY PESIDENC	e a 9187 Bravan f	regene Ct.	when and where to file this form are located at the bottom of page 2.	
\	· · · · · · · · · · · · · · · · · · ·		INSTRUCTIONS on who must	

PART D INTANGIBLE PERSOI (If you have nothing!	to report, you in	/ [Stocks, bonds, certificated write "none" or "r	va")	CTIONS GIVE	D		
WOH!	DLE **.		BUSINESS LIVING 10	TICH THE PROPERTY RELATES			
<u> </u>				AAD.			
				GUP	7		
PART E — LIABILITIES [Major de	-hte See instruc	Manal	<u> </u>				
(If you have nothing to			/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR					
Home		Wells 18-100					
	·	-	·		Î.O.		
					JHK)		
PART F INTERESTS IN SPECIFI	IED BUSINESSE	S [Ownership or position	ons in certain types of businesse	es - See instructions]	CO.		
(If you have nothing to	=	t write "none" or "n/a" NESS ENTITY # 1) BUSINESS ENTITY#	# 2 BUSINESS ENTITY # 3	S S		
NAME OF BUSINESS ENTITY	VINCTHI	- KICHMETYC					
ADDRESS OF BUSINESS ENTITY	Mon free	An Reserve	·f.		<u>=</u>		
PRINCIPAL BUSINESS ACTIVITY	1	ruge grove					
POSITION HELD WITH ENTITY	ONNEW				•		
I OWN MORE THAN A 5%	10.						
INTEREST IN THE BUSINESS NATURE OF MY	100%				<u> </u>		
OWNERSHIP INTEREST	ONNEW				ğ		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
		ARE CONTINUE			11		
SIGNATURE Trequir		ARE CONTINUE		ET, PLEASE CHECK HERE NED (required):	ET mode		
		ARE CONTINUED			נייין וויטיבורים בירום		
	red):			NED (required):	ייין וויטיניטיני ריכום בייייי		
SIGNATURE (requirements) WHAT TO FILE:	red):	ILING INS	DATE SIG (6.2). TRUCTIONS ILE:	NED (required): Shear of the s))_		
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SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888

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