FORM 1	STATEM	IENT OF		2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERES	rs [	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME - MIDDLE		!			
VONBERG DEBRAK MAILING ADDRESS!	\#\ <u>\frac{1}{2}</u>			ت ال	
610 SW 39th St					
				<b>₹</b>	
CITY:	ZIP: COUNTY:		1		
CAPE CORAL	FC 33914 LE	E		)11:	
NAME OF AGENCY: HUMAJU SERVICES				13JUND4AM1011 SCELEE COF	
NAME OF OFFICE OR POSITION HELD				E E	
FISCAL OFFICE				E C	
You are not limited to the space on the lines  CHECK ONLY IF  CANDIDATE O					
	PARTS OF THIS SECT		AMDI ET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS	INANCIAL INTERESTS FOR THE	PRECEDING TAX YEA	R, WHETHE	R BASED ON A CALENDAR	
EITHER (must check one):	E STATE BELOW WITE THER TH	IS STATEMENT IS FOR	INE PRECE	DING TAX TEAR ENDING	
DECEMBER 31, 2012	OR  SPECIFY	TAX YEAR IF OTHER T	HAN THE C	ALENDAR YEAR:	
MANNER OF CALCULATING REPORT. THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, C (see instructions for further details). CHI	THE OPTION OF USING REPORT OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE U			
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PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the type of type of the type of type of the type of type of type of the type of ty		nstructions]		
NAME OF SOURCE		RCE'S		SCRIPTION OF THE SOURCE'S	
LEE COUNTY BOCC	10 Box 398	RESS	C	PRINCIPAL BUSINESS ACTIVITY  COUNTY GOVERNMENT	
_ cup county see	FORT MYERS	FL 33902	+ -	WALL ONE HOLD	
	700-70				
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	person - Se	e instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
P/A			<del></del> =		
PART C REAL PROPERTY [Land, build (If you have nothing to report	dings owned by the reporting person, you must write "none" or "n/a")	- See instructions]		G INSTRUCTIONS for and where to file this	
(If you have nothing to report	, you must write "none" or "n/a") PAPE CORAL LHOM	E)	when	and where to file this are located at the bottom	
(If you have nothing to report	, you must write "none" or "n/a") PAPE CORAL LHOM	E)	when form of pa	and where to file this are located at the bottom	

PART P— INTERESTS IN SPECIFIED BUSINESSES   Coverability or positions in certain bytes of businesses - See instructions  (If you have nothing to report you must write "none" or "nis")  PART F— INTERESTS IN SPECIFIED BUSINESSES   Coverability or positions in certain bytes of businesses - See instructions  (If you have nothing to report you must write "none" or "nis")  NAME OF BUSINESS ENTITY  ADDRESS OF CREDITOR  PART F— INTERESTS IN SPECIFIED BUSINESSES   Coverability or positions in certain bytes of businesses - See instructions  (If you have nothing to report you must write "none" or "nis")  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS E								
TUPE OF INTANGELE  TUPE DU UNEL FROM  MET LIFE  (HUSPADE)  PART E — LIABLITIES [Major debte - See instructions] (if you have nothing to report, you must write "none" or "n/a")  NAME OF CREDITOR  ADDRESS OF CREDITOR  PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions) (if you have nothing to report, you must write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 2  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  NAME OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  IOWN NOTE THAN 56' NUTIEST IN THE BUSINESS  MATURE O' BUSINESS  SIGNATURE (required):  DATE SIGNED (required):  WHAT TO FILE:  If you were mailed the form by the Commission in clerking in specified state employee in called the form in because of another public position for a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to fiscal year is not required to a calendar of fiscal year is not required to fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar of fiscal year is not required to a calendar year in visit years to the year of the county in which they permanently reade (if year year year year year year year year	PART D — INTANGIBLE PERSOI	NAL PROPERTY	[Stocks, bonds, certifi	icates of deposit, etc See instru	uctions]			
TLA COLUME FROM  (HUSBADD) PEART E — LIABILITIES (Major date: See instructions) (If you have nothing to report, you must write "none" or "n'al")  NAME OF CREDITOR  PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, you must write "none" or "nia")  BUSINESS ENTITY # 2  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  LOWIN MORE THAN A 5%  NULTIFIED IN THE BUSINESS  UNDERSTANDED WITH ENTITY  LOWIN MORE THAN A 5%  NULTIFIED IN THE BUSINESS  UNDERSTANDED WITH ENTITY  LOWIN MORE THAN A 5%  NULTIFIED IN THE BUSINESS  UNDERSTANDED WITH ENTITY  LOWIN MORE THAN A 5%  NULTIFIED THE ENDINESS  UNDERSTANDED WITH ENTITY  LOWIN MORE THAN A 5%  NULTIFIED 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 filling.  WHERE TO FILE:  After completing all parts of this form, including signing and dating it, send back only the first sheet pages 2 and 2 for filling.  WHERE TO FILE:  WHERE TO FILE:  If you have nothing to report in a particular section, you must write "none" or "riva" in that send back on the cadero.  If you have nothing to report in a particular section, you must write "none" or "riva" in that section, you must write "none" or "riva" in that section, you must write "none" or the same year.  If you have nothing to report in a particular section, you must write "none" or "riva" in that send back on the programment process of Elections of the county in which they provided the provided of the owner appointment or of the beginner or of the beginner on the cadero of the county in which they have the date of the provided of the owner appointment or of the beginner or of the begi			I	•	IICH THE PROPERTY RELATES			
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IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE (required):  DUDLA KAY VINCULUM  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:  NOTE:  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 to face acuse of another public position must at least file a copy of his or her original Form 1 when qualifying.  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:  WHEN TO FILE:  Initially, each local officer/employee, state officer, and specified state employee the file of the third state employee on 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 the adquarters.)  State officers or specified state employees file with the Commission on Ethics, P.O. The permanently reside in Florida, file with the supervisor of the county where your agency has the end of office of the cate officers, and specified state employees are required to file by July 1st following and calendar year in which they hold their positions.  Facsimiles will not be accepted.	PRINCIPAL BUSINESS ACTIVITY							
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