FORM 1	STATEM	ENT OF		RE 20130	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY: \$ 16	
LAST NAME - FIRST NAME - MIDDLE HOCH FRED MAILING ADDRESS:	NAME:		2014	SEP 10 A ANGE STEET ONS	
BOX 6325			CUD	MADELLE COOKED	
BRAdenton 3	428( MAN)	atee	SUP	ERVISOR OF ELECTIONS	
	2			2014 SUP	
NAME OF AGENCY:				erwa B	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				REP 1	
TRUSTEE  You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.					
CHECK ONLY IF A CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE				m = = <	
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, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE 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). CHECK THE ONE YOU ARE USING:					
•		OR DOLLAR	/ALUE TI	HRESHOLDS	
PART A PRIMARY SOURCES OF IN-	COME [Major sources of income to the ort, write "none" or "n/a")	e reporting person - See instruc	tions]		
NAME OF SOURCE OF INCOME	SOUF	SOURCE'S ADDRESS		CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY	
SOCIAL SECURI					
PENSION	BRYAN	Ohio			
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	id other sources of income to business	ses owned by the reporting pers	on - See i		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	•			/	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.  INSTRUCTIONS on who must		
			file thi	is form and how to fill it	

PART D — INTANGIBLE PERSONAL PROPERTY [Stool (If you have nothing to report, write "none"	cks, bonds, certificates of deposit, etc See instru	ctions]	
	,		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Southern GO	11		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
	\		
PART F — INTERESTS IN SPECIFIED BUSINESSES [ON (If you have nothing to report, write "none" o	wnership or positions in certain types of busines or "n/a") BUSINESS ENTITY # 1	sses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY			
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 SHEE	T, PLEASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (required):		
Fred Hoch 3/10/14			
If a certified public accountant licensed under Chapter she must complete the following statement:	r 473, or attorney in good standing with the F	lorida Bar prepared this form for you, he or	
I, the instructions to the form. Upon my reasonable know	, prepared the CE Form 1 in accordance wledge and belief, the disclosure herein is tru	with Section 112.3145, Florida Statutes, and ue and correct.	
Signature	Date		
	THE YOR ASSOCIATION OF THE PROPERTY OF THE PRO		

## 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:

## 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.

# **FILING INSTRUCTIONS:**

### 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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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.

Facsimiles will not be accepted.

### 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. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.