FORM 1	STATEM	ENT OF	2013		
Please print ortype your name, mailing address, agency name, and position belo		INTERESTS	FOR OFFICE USE ONLY:	_	
	ename: Susan Webb				
MAILING ADDRESS: 3448 NW 12 A	ue	alanda alikalus kekimanin kung panggapangkan kekimanan			
Gainesville	3 2605 ZP: COUNTY:	Alachua			
NAME OF AGENCY:		······································			
You are not limited to the space on the ili	muission Distric	, if necessary.			
**** BOT	H PARTS OF THIS SECT	ION MUST BE COM	PLETED ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUF YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20	ASE STATE BELOW WHETHER TH	E PRECEDING TAX YEAR, W IIS STATEMENT IS FOR THE TAX YEAR FOTHER THAN	PRECEDING TAX YEAR ENDING		
MANNER OF CALCULATING REPORTIVE THE OPTION OF US CALCULATIONS, OR USING COMPARTMENT OF THE ONE YOUR THEORY OF THE ONE YOUR THE ONE YOU THE	RTABLE INTERESTS: ING REPORTING THRESHOLDS TARATIVE THRESHOLDS, WHICH A DU ARE USING:	HAT ARE ABSOLUTE DOLLA RE USUALLY BASED ON PE	AR VALUES, WHICH REQUIRES FEWER RCENTAGE VALUES (see instructions for		
PHOTO CONTRACTOR OF THE PROPERTY OF THE PROPER			VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		ne reporting person - See instru	ictions]		
NAME OF SOURCE OF INCOME	ADD	RCE'S PRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
City of Gamesville	200E Univ. Au	x,60110 37602	elected official/commission	<u>10</u>	
	:				
	OF INCOME nd other sources of income to busines oort, write "none" or "n/a")	ses owned by the reporting per	son - See 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, to rep		n - See instructions)	FILING INSTRUCTIONS for when and where to file this		
LAND 11515 NW			form are located at the bottom of page 2.		
400SE 4038 NW 18PL Gainesuille FC INSTRUCTIONS on who must					
HOUSE 2509 NW 37 PL Gainesville Fe file this form and how to fill it out begin on page 3.					

PART D INTANGIBLE PERSONAL PROPERT	ييس ويور وسود التالية ويجعون		
(If you have nothing to report, write	Y (Stocks, bonds, certificates of deposit, etc See insti "none" or "n/a")	ructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITYTO WHICH THE PROPERTY RELATES		
STOCK ALLT.	American Funds		
		v :	
FARTE — LIABILITIES [Major debts - See instru (If you have nothing to report, write '	ctions] 'none" or "nía")		
NAME OF CREDITOR	ADDRESS	OF CREDITOR	
Campus USA Credit Union	1900 SW 34 St. Gaines	ville te	
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positions in certain types of busin	esses - See instructions!	
(If you have nothing to report, write "no	one" or "n/a") BUSINESS ENTITY#1	BUSINESS ENTITY#2	
NAME OF BUSINESS ENTITY	Almade		
ADDRESS OF BUSINESS ENTITY	NONE		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINE	:ss	1	
NATURE OF MY OWNERSHIP INTEREST			
IF ANY OF PARTS A THROUGH F SIGNATURE (required):	ARE CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE	
Susan Bottcher If a certified public accountant licensed under Ch she must complete the following statement: I, the instructions to the form. Upon my reasonable	napter 473, or attorney in good standing with the	Florida Bar prepared this form for you, he or	
	knowledge and belief, the disclosure herein is t	tue and correct.	
Signature	knowledge and belief, the disclosure herein is t		
Signature		Date	
	FILING INSTRUCTIONS:	Date	
WHAT TO FILE:	FILING INSTRUCTIONS: WHERE TO FILE:	Date WHEN TO FILE:	
	FILING INSTRUCTIONS:	Date 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	
WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first	FILING INSTRUCTIONS: WHERE TO FILE: If you were mailed the form by the Commission on Ethics or a Courty 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,	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 tess than 30 days from the date of their appointment.	
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