FORM 1	STATEM	STATEMENT OF		2013
Please print ortype your name, mailing address, agency name, and position below:		INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE NAME :				
Orlando, Hnn MAILING ADDRESS:	e Marie			•
8620 NW 13	3 St. # 111	JOURNAL SANGALUA VA DE RIVERDINISME EVENDA		
CITY: ZIP: COUNTY:				
Gainesville 3	ra			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
Gainesville City Gommission At-Large 2 You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				
CHECK ONLY IF CANDIDATE (
**** BOTH	PARTS OF THIS SECT	ION MUST BE COM	PLETE	ED ****
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):	SESTATE BELOVY WHETHER IN	18 STATEMENT IS FUR THE	PRECEI	JING IAX YEAR ENDING
DECEMBER 31, 2013	OR U SPECFY	TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:
MANNER OF CALCULATING REPORT	ABLE INTERESTS:	LANGE AND AN ARTHUR STATE OF THE STATE OF TH		
FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPAR	ATIVE THRESHOLDS, WHICH AI	HAT ARE ABSOLUTE DOLL RE USUALLY BASED ON PE	AR VALU ERCENTA	ES, WHICH REQUIRES FEWER GE VALUES (see instructions for
further details). CHECK THE ONE YOU ARE USING: COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INCOME [Mejor sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				
		ie reponing person - See insiru	ictions)	
	t, write "none" or "nie") SOU!	e reponing person - See insiru RCE'S RESS	DES	CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
(If you have nothing to repor NAME OF SOURCE	t, write "none" or "n/e") SOU: ADD	RCE'S (DES	INCIPAL BUSINESS ACTIVITY
(If you have nothing to repo NAME OF SOURCE OF INCOME	t, write "none" or "n/e") SOUI ADD	RCE'S RESS , fry 32601	DES PR	INCIPAL BUSINESS ACTIVITY
(If you have nothing to report NAME OF SOURCE OF INCOME Atlas Screen Printing	t, write "none" or "n/e") SOUI ADD	RCE'S RESS , 6nv 32601 . 6nv 32601	DES PR Scr	een Printing
NAME OF SOURCE OF INCOME Atlas Screen Printing Atlas Screen Printing	t, write "none" or "n/e") SOU! ADD 131 SE 10 Aug	RCE'S RESS , 6nv 32601 . 6nv 32601	DES PR Scr	een Printing
NAME OF SOURCE OF INCOME Atlas Screen Printing Atlas Screen Printing Cynthia Bush PARTB - SECONDARY SOURCES OF	INCOME of income to busines	RCE'S RESS , 6nv 32601 , 6nv 32601 2, 6nv 32608	DES PR Scr te	incipal business activity een Printing nant nant
NAME OF SOURCE OF INCOME Atlas Screen Printing Atlas Screen Printing Cynthia Bush PARTB - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	INCOME of mone" or "n/a") SOUR ADD 131 SE 10 Aug 131 SE 10 Aug 1804 SW 35 INCOME other sources of income to busines rt, write "none" or "n/a") NAME OF MAJOR SOURCES	RCE'S RESS FOY 32601 FOY 32601 FOY 32608 Ses owned by the reporting per	DES PR Scr te	instructions]
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PART D — INTANGIBLE PERSONAL PROPERTY [St (if you have nothing to report, write "nor	ocks, bonds, certificates of deposit, etc See instructions)
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Stifel Wicolaus + Co.
IRA/CD	Capital City Bank
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Sunstate Credit Union	POBOX 1162, FAY FC 32602
·	
PART F — INTERESTS IN SPECIFIED BUSINESSES [I (If you have nothing to report, write "none" NAME OF BUSINESS ENTITY	Ownership or positions in certain types of businesses - See Instructions] or "n/a") BUSINESS ENTITY#1 BUSINESS ENTITY#2 A+\as Scceo Printing
ADDRESS OF BUSINESS ENTITY	131 SE 10 Aug. 32601
PRINCIPAL BUSINESS ACTIVITY	Screen Printing
POSITION HELD WITH ENTITY	Owner/CFO
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes
NATURE OF MY OWNERSHIP INTEREST	Part owner
IF ANY OF PARTS A THROUGH F AR	RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE (required):	DATE SIGNED (required):
anne Marie Vilo	endo 1/23/2014
if a certified public accountant licensed under Chapt	er 473, or attorney in good standing with the Florida Bar prepared this form for you, he or
, ,	, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and owledge and belief, the disclosure herein is true and correct.
Signature	Date
-	FILING INSTRUCTIONS:

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.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filling, return the form to that

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

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 not relieve the filer of filing a CE Form 1 If he or she was In their position on December 31, 2013.