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|--|--|--------------------------------------|--|--|
| FORM 1 | STATEM | ENT OF | a 2013 | |
| Please print or type your name, mailing address, agency name, and position be | W. FINANCIAI | INTERESTS | FOR OFFICE USE ONLY: | |
| LAST NAME FIRST NAME MIDE Warnen Helen Mailing address : | Katherine | | มา เกิดใน ประเทศ ประการ | |
| 1215 NW 36th Terr | | | | |
| The Processing of the Second | and the second | | | |
| CITY: Gainesvilk NAME OF AGENCY: | ZP: COUNTY: 32605 Alachi | 1A | | |
| Gainesville-City Con NAME OF OFFICE OR POSITION HI | mission At-Large Si | <u>at 2</u> | | |
| Gamesville City Cor | nmission At-Large S | eat 2 | | |
| You are not limited to the space on the l CHECK ONLY IF XI CANDIDATE | Ines on this form, Attach additional sheets OR 🔲 NEW EMPLOYEE OR A | | | |
| **** BO1 | H PARTS OF THIS SECT | ION MUST BE COMPL | ETED **** | |
| 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: | | | | |
| CALCULATIONS, OR USING COMP further details). CHECK THE ONE Y | Sing Reporting Thresholds T Arative Thresholds, which a You are using: | RE USUALLY BASED ON PERC | VALUES, WHICH REQUIRES FEWER CENTAGE VALUES (see instructions for | |
| | NCOME [Major sources of income to ti port, write "none" or "n/a") | aə reporting person - See instructio | ns] | |
| NAME OF SOURCE OF INCOME | SOU | RCE'S | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| Prudential Trend Reat | 4141 NW 37th P | lace Giville FL 32605 A | leal Estate | |
| | | | | |
| | | | | |
| PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to n | OF INCOME and other sources of income to busines aport, write "none" or "n/a") | ses owned by the reporting person | I - See instructions] | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| | N/ | | | |
| | N/A | | | |
| PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (if you have nothing to report, write "none" or "n/a") | | | ILING INSTRUCTIONS for when and where to file this | |
| Home-7227 Fourth Ave N, St Petersburg, FL 33710 | | | form are located at the bottom of page 2. | |
| Land-Terra Ceia, 3 lots in Manatee Co | | | | |
| "Parcel#'s : | 2 <u>131700003,213200</u> 36600600 | 10007 4 f | ile this form and how to fill it | |

CE F ORM 1 - Effective: January 1, 2014. Adopted by reference in Rule 34-8.202(1), F.A.C.

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| | | 189 194 | |
|--|--|---|--|
| PART D — INTANGIBLE PERSONAL PROM (If you have nothing to report, write "r | • | lons] | |
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | |
| IRA-Rollover | LPL Financial | भरतपुरु - वर्धनाव - व्यूप्याव - व्यूप्याव | |
| Stock | Southern Company | الو مۇچىت | |
| Trust Acct-CMA | Merrill Edge | | |
| PART E - LIABILITIES [Major debts - See instruct | ions] | | |
| (If you have nothing to report, write "n | | | |
| NAME OF CREDITOR | ADDRESS | OF CREDITOR | |
| ERA Mortgage | 1 Mortgage Way, Mount Laurel, NJ 08054 | | |
| <u> </u> | 0.0 0, | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES | Dwnership or positions in certain types of busin | esses - See instructions] | |
| (If you have nothing to report, write "no | ne" or "n/a") BUSINESS ENTITY#1 | BUSINESS ENT ITY # 2 | |
| NAME OF BUSINESS ENTITY | 1 | | |
| ADDRESS OF BUSINESS ENTITY | 1 n/ | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | / A | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINES | 3S / | | |
| NATURE OF MY OWNERSHIP INTEREST | 1 | | |
| IF ANY OF PARTS A THROUGH F | ARE CONTINUED ON A SEPARATE SHE | ET, PLEASE CHECK HERE | |
| SIGNATURE (required): | DATE SIGNED (re | quired): | |
| Helen Küharren | - 1-23-14 | | |
| If a certified public accountant licensed under Ch | apter 473, or attorney in good standing with the | Florida Bar prepared this form for you, he or | |
| she must complete the following statement: | prepared the CF Form 1 in accordance | ce with Section 112.3145, Florida Statutes, and | |
| the instructions to the form. Upon my reasonable | knowledge and bellef, the disclosure herein is t | rue and correct. | |
| | | · · | |
| Signature | | Date | |
| | FILING INSTRUCTIONS: | | |
| WHAT TO FILE: | WHERE TO FILE: | WHEN TO FILE: | |
| After completing all parts of this form, <u>including</u> <u>signing and dating it</u> , send back only the first sheet (pages 1 and 2) for filing. | 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 | Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment | |
| If you have nothing to report in a particular | location. | or of the beginning of employment. Appointees | |
| section, you must write "none" or "n/a" in that section(s). | 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, | 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. | |
| NOTE: MULTIPLE FILING UNNECESSARY: | file with the Supervisor of the county where your agency has its headquarters.) | Candidates for publicly-elected local office must file at the same time they file their qualifying papers. | |
| 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 | State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tatlahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tatlahassee, FL 32303. | Thereafter, local officers/amployees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions. | |
| another public position must at least file a copy of his or her original Form 1 when qualifying. | Candidates file this form together with their qualifying papers. | 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 | |
| | To determine what category your position falls under, see the "Who Must File" instructions on page 3. Facsimiles will not be accepted. | 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. | |

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