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FORM 1	STATEM	IENT OF		2013 📇	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDL Ruth - BARBAR MAILING ADDRESS :	E NAME : 2A - A			"रेक्टर्स्स स्वर्णका संबंधित स्वर्णका अनुवरम् स्वरू	
320 NW 36TH	L AVE				
GAINESVILLE	32609 ZIP: COUNTY:				
NAME OF AGENCY :	<u>32609</u> ALA	ettura_	··· .		
NAME OF OFFICE OR POSITION HEI GANESUILE CIT You are not limited to the space on the lim CHECK ONLY IF Z CANDIDATE	COMMISSION AT	ets, if necessary.			
			APLET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	R FINANCIAL INTERESTS FOR 1	THE PRECEDING TAX YEAR	R, WHETH	HER BASED ON A CALENDAR	
DECEMBER 31, 20	013 <u>OR</u> 🗆 SPECI	FY TAX YEAR IF OTHER THA	N THE C	ALENDAR YEAR:	
MANNER OF CALCULATING REF FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMP for further details). CHECK THE ON	NG REPORTING THRESHOLDS T ARATIVE THRESHOLDS, WHICH				
	ERCENTAGE) THRESHOLDS		AR VALU		
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		the reporting person - See instr	uctions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Social Security	IR US GOVEN	HR US GOVENNment		monthly check deposit	
				V V	
	F INCOME nd other sources of income to busine port, write "none" or "n/a")	sses 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	
NA	:			· · · · · · · · · · · · · · · · · · ·	
PART C REAL PROPERTY [Land, bi	uildings owned by the reporting perso	n - 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.		
(home) 320 NW 36TH AVE Gainesuile, FL 32609				UCTIONS on who must file orm and how to fill it out on page 3.	

		\bigcirc		
PART D — INTANGIBLE PERSONAL PROPE	[Stocks, bonds, certificates of deposit, etc See i	ns. Jctions]		
TYPE OF INTANGIBLE	•	WHICH THE PROPERTY RELATES		
1014 -				
	CD - Florida C	reach (Mon 10,000		
PART E - LIABILITIES [Major debts - See instr				
(If you have nothing to report, write	e "none" or "n/a")			
NAME OF CREDITOR	ESS OF CREDITOR			
NONE	· · · · · · · · · · · · · · · · · · ·			
PART F - INTERESTS IN SPECIFIED BUSINESS	ES [Ownership or positions in certain types of bu	usingsson . Sag instructional		
(If you have nothing to report, write "	none" or "n/a")			
NAME OF PUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY		· · · · · · · · · · · · · · · · · · ·		
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSI	NESS			
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SH	EET, PLEASE CHECK HERE		
SIGNATURE (required):	DATE SIGNED	(required):		
Barbara C. Kit	0/	122/2014		
Janvara	\mathcal{K}	122/0011		
If a certified public accountant licensed under	Chapter 473, or attorney in good standing with	the Florida Bar prepared this form for you,		
he or she must complete the following stateme		coordenes with Castien 140.0445. Flavida		
Statutes, and the instructions to the form. Upc	n my reasonable knowledge and belief, the dis	accordance with Section 112.3145, Florida closure herein is true and correct.		
Signature		Date		
	FILING INSTRUCTIONS:			
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:		
After completing all parts of this form, including	If you were mailed the form by the Commission	<i>Initially</i> , each local officer/employee, state officer,		
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to	and specified state employee must file <i>within</i> 30 days of the date of his or her appointment		
Sileer (pages i and z) ior illing.	that location.	or of the beginning of employment. Appointees		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor of Elections of the county in which they	who must be confirmed by the Senate must file		

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.

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.

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.