CANDIDATE OATH – NONPARTISAN OFFICE

RITSCHEL, RONALD FRANK 21571 BERWHICH RUN ESTERO FL 33928 111342972

(Not for use by Judicial or School Board Candidates)

OATH OF CANDIDATE (Section 99.021, Florida Statutes)					
1, RONALD F. RITSCHOL					
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIF THE					
am a candidate for the nonpartisan office of BIMS SF SVOWISMS - 5 to VIBLOW Ummake (district #)					
007/200063/6 /					
DISTARLY, (group or seat #); I am a qualified elector of					
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida. **The Market State of Candidate** **The Market St					
21511 PONN Aich PUN ESTERD, FIBRIDA 37928 Address City State ZIP Code					
Candidate's Florida Voter Registration Number (located on your voter information card): 1/1342972					
with disabilities (see instructions on page 2 of this form):					
STATE OF FLORIDA					
COUNTY OF See					
Sworn to (or affirmed) and subscribed before me this 3/ Stay of May, 20/2.					
Personally Known: or Signature of Notary Public					
Print, Typer or Stemp Commissioned Name of Hotery Public BERNICE RAMOS FELICIANO Commission # EE 015864 Type of Identification Produced: Type of Identification Produced:					
Type of Identification Produced. Booted Thru Troy Faintness and 800-385-7019					

Please print or type your name, melling address, agency name, and position below. FINANCIAL INTERESTS ALSPHAME—FIRST, NAME—BIDGLE NAME: LISPHAME—FIRST, NAME—BIDGLE NAME: LISPHAME—FIRST, NAME—BIDGLE NAME: LISPHAME—FIRST, NAME—BIDGLE NAME: LISPHAME—FIRST, NAME—BIDGLE NAME: LID CODE FOR OFFICE USE ONLY: LID NO. COT. CODE F. Reg. CODE P. Reg.	FORM 1	STATEMI		2011				
DSC ORLY IS CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALCUMATING PROPERTY (PERCENTAGE VALUES THE CONTINUE THE STATE BECORDES TO RECENTAGE VALUES (Geo RECORDES PERCENTAGE VALUES THE STATE BECOMES THE CONTINUE THE STATE BETWEEN THE STATE BETW	Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		Table of the same			
DISCLOSURE PERIOD ****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ***** ******************************	LASTINAME FIRST NAME MIDDLE							
NAME OF OFFICE OR POSITION FIELD OR SQUIGHT NOT are not limited to the space on the lines on this form. Attach additional abode, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE DISCLOSURE PERIOD: THIS STATEMENT REPLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR OF THIS STATEMENT REPLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR OF THIS STATEMENT REPLECTS THE PRECEDING TAX YEAR FROM HETHER (must check one); HE ARISON YEAR PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING ETHER (must check one); HE ARISON YEAR PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TO PRECEDING TAX YEAR PLEASE STATE BELOW WHETHER THIS STATEMENT REPECEDING THE RECEDING THE REPLECTS STATEMENT REPOSITION OF PRECEDING TO PRECEDING THE STATEMENT REPECEDING THE REPLECTS STATEMENT (must check one); HE LEGISLATIVE ALLOWS THE STATEMENT REPECEDING THE REPLECTS STATEMENT (must check one); HE LEGISLATIVE ALLOWS THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE ALLOWS THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE ALLOWS THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE ALLOWS THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE ALLOWS THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE ALLOWS THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE THE STATEMENT REPLECTS STATEMENT (must check one); HE LEGISLATIVE THE STATEMENT REPLECTS STATEMENT (must check one);	MAILING ADDRESS: 21571 BEXWIT.	ich RUN		ID Code				
NAME OF OFFICE OR POSITION HIS DO R SOUGHT: You are not limited to the space on the lines on the form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE **********************************	ESTOND, FUNK	# 33928 L	60	ID No.				
NAME OF OFFICE OR POSITION, HELD OR SOUGHT: What is not limited to the space on the lines on this form. Attach additional sheets, if neessary. You are not limited to the space on the lines on this form. Attach additional sheets, if neessary. CHECK ONLY IF CANDIATE OR NEW EMPLOYEE OR APPOINTEE **********************************		molital Dant 18 0.	with Dichent					
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: ***** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: DISCLOSURE PERIOD: ***** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: ***** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** **** BOTH PARTS OF THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING ETHER (must check one): HA FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING ETHER (must check one): DECEMBER 31, 2011 **** BOTH PARTS OF THE PRECEDING TAX YEAR. WHETHER BASED ON A CALENDAR YEAR OR ON THE PRECEDING TAX YEAR ENDING ETHER (must check one): DECEMBER 31, 2011 **** BOTH PARTS STATE BELOW WHETHER THIS STATEMENT REPLECTS ETHER THAN THE CALENDAR YEAR: *** TITLE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT A HEAD OF SURCES STATE BELOW WHETHER THIS STATEMENT REPLECTS ETHER (must check one): DOLLAR VALUE SHOPE VALUES (see Instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REPLECTS ETHER (must check one): DOLLAR VALUE SHOPE VALUES (see Instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REPLECTS ETHER (must check one): DOLLAR VALUE SHOPE VA	NAME OF OFFICE OR POSITION HEL	<u>MIWANIY YDINGIBI MI</u> DOR SOUGHT: TANIMAIS — STAT	143	P. Req. Code				
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REPLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON ACALENDAR YEAR OR ON AFISCAL YEAR, PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): HATCH AFISCAL YEAR, PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must ch	Totale not minded to the spirits of							
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FILES STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): HI AFISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): HI AFISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): HI AFISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT THE SHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see REGISLATURE ALLOWS FILES THE OPTION OF USING REPORTING THRESHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see REGISLATURE FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see REGISLATURE FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see REGISLATURE FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS. COMPARATIVE PRECENTAGE THRESHOLDS	**** BOTH	I PARTS OF THIS SECTION	ON MUST BE COMF	LETED ****				
DECEMBER 31, 2011 QR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: The Legislature allows filers the option of using Reporting Thresholds that are absolute dollar values, which recourses fewer calculations, or using comparative thresholds, which are usually based on Percentage Values (see Recuires Fewer calculations, or using comparative thresholds, which are usually based on Percentage Values (see Recuires Fewer calculations, or further details). Please state Bellow Whether this stratement replects either elections on further details). Please state Bellow Whether this stratement replects either elections of further details). Please state Bellow Whether this stratement replects on the reporting person - See instructions p. 4] Comparative precentage thresholds PART A PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") PART B SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") PART B SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE OF BUSINESS' INCOME OF BUSINESS' INCOME PART C REAL PROPERTY (Land, buildings owned by the reporting person - See instructions p. 4) FILING INSTRUCTIONS for when and whore to the this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need	DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO	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):						
THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS. COMPARATIVE (PERCENTAGE) THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "nla") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FOUNDAL FOUNDAL FOUNDAL FOUNDAL FOUNDAL FOUNDAL PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "nla") NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "nla") PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must till this form and how to fill it out begin on page 3. OTHER FORMS you may need	DECEMBER 31, 2011	OR SPECIFY TO	TAX YEAR IF OTHER THAN TH	IE CALENDAR YEAH	R:			
PART A PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person - See instructions p. 4) (If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE OF INCOME OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY SOUTH SOURCES OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY SOUTH SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4) (If you have nothing to report, you must write "none" or "n/a") PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must fill this form and how to fill it out begin on page 3. OTHER FORMS you may need	THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ALLE ASSED ON PERCENTAGE VALUES (see REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):							
NAME OF SOURCE SOURCES OF INCOME PART B SECONDARY SOURCES OF INCOME (If you have nothing to report, you must write "none" or "n/a") NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings	☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR	M DOLLAR VA	TOE THRESHOLDS	S Santagan en se			
PART B SECONDARY SOURCES OF INCOME NAME OF BUSINESS OF INCOME PART B SECONDARY SOURCES OF INCOME (If you have nothing to report, you must write "none" or "nla") PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] PART C REAL PROPERTY [Land, b	PART A PRIMARY SOURCES OF It (If you have nothing to rep	NCOME [Major sources of income to the nort, you must write "none" or "n/a")	e reporting person - See instruc					
SOUND SCOURTY CONTINUE CONTIN	NAME OF SOURCE) SOUR	RCE'S	DESCRIPTION PRINCIPAL BU	OF THE SOURCE'S JSINESS ACTIVITY			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] NAME OF SUSINESS INCOME BUSINESS ENTITY PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] If you have nothing to report, you must write "none" or "n/a") PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] If you have nothing to report, you must 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 this form and how to fill it out begin on page 3. OTHER FORMS you may need	2.1 21 / 2 / 1/2/	1		PENSION	V TUNDS			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and other sources of Income to businesses owned by the reporting person - See instructions p. 4] [Major customers, clients, and clients, an	1 1 1	HANN SURVICIAND,	Y NEW YORK	PONSIEN HONDS				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] NAME OF (If you have nothing to report, you must write "none" or "n/a") NAME OF BUSINESS' INCOME PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") PART L REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") PAST L HEAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") PAST L HEAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must 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 fille this form and how to fill it out begin on page 3. OTHER FORMS you may need		MANY SUNTABELIND.	Y, NEW YENK	Stout	011/1000005			
[Major customers, clients, and other sources of income to businesses which by the reporting person.] NAME OF NAME OF MAJOR SOURCES OF SOURCE OF BUSINESS' INCOME PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") PAST (INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need)	পুরুত্ব স্থানকর্মন করে করে সুন্ধার বিশ্ব স্থানিক সাধার সাধার স্থানিক প্রতিষ্ঠান করি বিশ্ব স্থানিক স্থানিক স্থা					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") The white Ria - Estem Many 3998 INSTRUCTIONS on who must file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need	[Major customers, clients, and other sources of income to dustnesses dwifed by the reporting periods." (If you have nothing to report, you must write "none" or "n/a")							
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must 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 this form and how to fill it out begin on page 3. OTHER FORMS you may need								
(If you have nothing to report, you must write "none" or ma) 2151 Non Which Run - E3 Brown Monah 37955 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need	DOGINEGO CIATEL							
(If you have nothing to report, you must write "none" or ma) 2151 Non Which Run - E3 Brown Monah 37955 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need								
(If you have nothing to report, you must write "none" or ma) 2151 Non Which Run - E3 Brown Monah 37955 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need					en e plantegre en general an en			
151 ISTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need	(If you have nothing to report, you must write "none" or "ma")			when and where to file this form				
OTHER FORMS you may need	2151 HORWHICH KUN - LISTERD, 118NASH 37928 PRIMACY ROSIOCALES			INSTRUCTIO	INSTRUCTIONS on who must file this form and how to fill it out			
					MS you may need			

The state of the s	market a William Control of the Cont				
PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc See instructions p. 5) (If you have nothing to report, you must write "none" or "n/a")					
TYPE OF INTANGIB					
CONOMI ELECTRIC	ENMETERICE COMMON Stock - APPROXIMATERY 13000 5 PHARES				
\$	K	South AMPROVINABLY	250 000		
THA ACCOUNTS WITH	EBWARD JONOS - VA	Mils stocks Mis M	THEM INDES WENTER, IN		
PART E — LIABÎLITIES [Major del (If you have nothing to	bts - See instructions p. 5] report, you must write "none" or "r	1/a")	WHAN WHELL OUT		
NAME OF CREDIT	OR	ADDRESS OF CF	REDITOR		
WENZ FARCE MENTERED - HOME P. S. DAY 14411 - DES MOURS, INVA SE316					
MENTERED					
WEILS FINGER - CAUSET LINES Q.6. PAR 1441 - DES MAINTES INWA 50385					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")					
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NIA	NA	NA		
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 SHEET, PLEASE CHECK HERE					
SIGNATURE (require	SIGNATURE (required): DATE SIGNED (required):				
Mullet Whilel MM 21, 2012					
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 malled 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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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 acc

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

111342972

RITSCHEL, RONALD FRANK 21571 BERWHICH RUN ESTERO FL 33928