FORM 1

STATEMENT OF

2013

Please print or type your name, mailing address, agency name, and position belo	w: FINANCIAL	INTERESTS		FOR OFFICE USE ON	ILY:
LAST NAME FIRST NAME MIDDL	E NAME :	· · · · · · · · · · · · · · · · · · ·		111347636	_
HIRSHMAN MAILING ADDRESS:	LARRY	HIRSHMAN, LAWR #104	ENCE		12
1 1 11	N 44 /	1624 PINE VALLEY		NA WAR	Ź
1627 PINA Valley	Dr #104	_ FORT MYERS FL	33907		14JUN 3 AM1146 SOE LEE CO FI
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CITY: 13	ZIP: COUNTY:				6 69
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NAME OF AGENCY: S'outh tracl	5 N				H
NAME OF OFFICE OR POSITION HE		<i>ni</i>		MAL	გ
Commissioner	Seat Z		IIU.	IVAL	-
You are not limited to the space on the lin		if necessary.			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR AF	PPOINTEE			
**** BOT	H PARTS OF THIS SECT	ON MUST BE COM	PLETE	D ****	-2
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	CINIANICIAI INTEDESTS EOD THE	DRECEDING TAY VEAD WI	UETUED	BASED ON A CALENDAR	,
YEAR OR ON A FISCAL YEAR. PLE					ř
EITHER (must check one):	40 on [] oncoin/	T45/5/64 (C. 100 AND 100 TH 145)	T) : C O A I	ENDADAGE C	
DECEMBER 31, 20	13 <u>or</u> ☐ SPECIFY	TAX YEAR IF OTHER THAN	THE CAL	LENDAR YEAR:	
MANNER OF CALCULATING REPORTION OF US		HAT ARE ABSOLUTE DOLLA	R VALUI	S. WHICH REQUIRES F	EWER
CALCULATIONS, OR USING COMPA	ARATIVE THRESHOLDS, WHICH AF	RE USUALLY BASED ON PE	RCENTA	GE VALUES (see Instruction	ons for
further details). CHECK THE ONE YOU COMPARATIVE (PE		DR E DOLLAR	/AI UÉ T	್ HRESHOLDS ⊱	
PART A PRIMARY SOURCES OF IN	THE PROPERTY OF THE PROPERTY CONTRACTOR CONT	(Transpromenty Care, a second of Second Constitution of the second but	م الشمومي الأرجو أدو وو س		- Maria de Pittara Nica
(If you have nothing to rep	ort, write "none" or "n/a")	c reporting persons - occ matter	2001137	₩ ©	
NAME OF SOURCE		RCE'S		CRIPTION OF THE SOURCE	
Social Security	ADDI	RESS	FINI	NCIPAL BUSINESS ACTIVI	
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	nd other sources of income to business	ses owned by the reporting pers	ion - See	instructions]	
(If you have nothing to re	port, write "none" or "n/a")				
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	- 1	PRINCIPAL BUSINE ACTIVITY OF SOUR	
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des authoris francis and desirates, as an order the production of the entire of the state of the	ra va aran a sim his a a shiele in himit a comunità to diplombania adapti a di nobella di indonesia atternati	menodomico de ocione con os messos messos missimos de la filia.	F-M	amentalis, and others provide a contrast and an experience of the contrast of a section of the	havene of processing
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				INSTRUCTIONS for	
		2 2 2 2 2 2 2 2		and where to file this are located at the bott	om
1624 Pine Vattey	Dr. HIOU FTrye	15 FG 75/61	of pag		
			INSTR	UCTIONS on who mus	st
				is form and how to fil	l it
		H	out pe	gin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "i	[Stocks, bonds, certificates of deponder or "n/a")	sit, etc See instru	uctions]			
TYPE OF INTANGIBLE	BUSINE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A						
PART E — LIABILITIES (Major debts - See instruct (If you have nothing to report, write "r		Action of Action and Action and the second action and				
NAME OF CREDITOR		ADDRESS	OF CREDITOR	н —		
N/A	_		MARIAIA			
·			Will William			
				14.		
PART F — INTERESTS IN SPECIFIED BUSINESSES	[Ownership or positions in cert	ain types of busine	esses - See instructions]	Z		
(If you have nothing to report, write "no			. BUSINESS ENTITY	#2 PR 11 46		
NAME OF BUSINESS ENTITY	N/V			1112		
ADDRESS OF BUSINESS ENTITY				59		
PRINCIPAL BUSINESS ACTIVITY				130S		
POSITION HELD WITH ENTITY				Ē		
I OWN MORE THAN A 5% INTEREST IN THE BUSINE	ss					
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SE	PARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (required):		SIGNED (re				
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If a certified public accountant licensed under Ch she must complete the following statement:	apter 473, or attorney in good t	standing with the	rionda bar prepared this lotter	or you, ne or		
l,	, prepared the CE For	m 1 in accordanc	e with Section 112.3145, Florita	Statutes, and		
the instructions to the form. Upon my reasonable	knowledge and belief, the disc	iosure nerein is t	LL:			
Signatura	 		Date C			
Signature	ata produce relativa service service e comme en appendigamente a college e relativata e de calendario.	g a collection and are a second and a second a second and	Date g	mana di mana mana ara		
	FILING INSTRUCT	CIONS:				
WHAT TO FILE:	WHERE TO FILE:	the Commission	WHEN TO FILE:	a state officer		
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 were mailed the form by on Ethics or a County Superviso your annual disclosure filing, retur location.	r of Elections for	Initially, each local officer/employeeand specified state employee m30 days of the date of his or h	iust file <i>within</i> er appointment		
If you have nothing to report in a particular section, you must write "none" or "r/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, file with the Supervisor of the county where your		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			
NOTE: MULTIPLE FILING UNNECESSARY:	agency has its headquarters.)		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, allahassee, FL 32317-5709; physical address: 25 John Knox Road, Building E Suite 200 allahassee, FL 32303.		Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which 111347636			
another public position must at least file a copy of his or her original Form 1 when qualifying.	Candidates file this form	HIRSHMAN, I #104	LAVVKENUE	ch ed		
	qualifying papers. To determine what category	1624 PINE VA	ALLEY DR	re or		
	under, see the "Who Must I page 3.	FORT WITER:		ସ /e		
	Facsimiles will not be au	ceptea.	position on December 31, 2013.	310 mas 11 018if		