

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Kuchman Tracey Ann

MAILING ADDRESS :

14120 Warner Cr.

North Fort Myers 33903 Lee

CITY: ZIP: COUNTY:

Lee County Housing Authority

NAME OF AGENCY :

Commissioner (Resident)

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12JUN2011 1224 SDE LEE OF FI

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

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):

[X] DECEMBER 31, 2011 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH 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):

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [] DOLLAR VALUE 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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Sonny's B.B.Q	Winker Rd., Fort Myers FL	Restaurant/Server

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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

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")

None

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 to file are described on page 6.

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 INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

PART E — LIABILITIES [Major debts - See instructions p. 5]
 (if you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

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	None		
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			

12:11:20 PM 1/24/2012 LEE CO FL

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

Inez A. Kudman

6/12/12

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 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 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, 2011.

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 INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

None

PART E — LIABILITIES [Major debts - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

None

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 (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

None

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

121120PM122450E LEE CP FI

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

Irrey A. Kudman

6/12/12

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Department of the Treasury - Internal Revenue Service
OMB NO. 1545-0008

1 Wages, tips, other compensation: 8731.25
2 Federal income tax withheld: 0.00
3 Social security wages: 3306.23
4 Social security tax withheld: 365.71
5 Medicare wages and tips: 8731.25
6 Medicare tax withheld: 126.60

7 Social security tips: 0
8 Allocated tips: 0
9
10 Dependent care benefits: 0
11 Nonqualified plans: 0
12a See instructions for box 12: 0
12b
12c
12d

13 Salaried employee: 75-3065398
14 Other: 151-64-7999
15 State: FL
16 State wages, tips, etc.: 0
17 State income tax: 0
18 Local income tax: 0
19 Local wages, tips, etc.: 0
20 Locality name: FT. MYERS, FL 33903

Employer's name, address and ZIP code:
SOUTH FLORIDA BARBEQUE, INC.
13400 SOUTH BUDLER ROAD
PLAINFIELD, IL 60544

Employer's identification number (EIN): 151-64-7999

Employee's name and initial: TRACEY KUCHMAN
Last name: KUCHMAN
First name: TRACEY
Middle initial: M
Employee's address and ZIP code: 14120 WARNER CIRCLE, FT. MYERS, FL 33903
Employee's state: FL
Employee's state ID No.: 0
Employee's social security number: 151-64-7999

2011
W-2 Statement
Copy C-FBI
EMPLOYEE RECORDS
See Notice to Employees on the back of Copy B.

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Pine Echo 14170 WARNER CIRCLE NW N. FORT MYERS, FL 33903		1 Rents \$ 0.00	OMB No. 1545-0115 2011 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00		
PAYER'S federal identification number 59-1835573	RECIPIENT'S identification number 151-64-7999	4 Federal income tax withheld \$	Copy 1 For State Tax Department	
RECIPIENT'S name, address, and ZIP code TRACEY KUCHMAN 14120 WARNER CIRCLE NORTH FORT MYERS, FL 33903		5 Fishing boat proceeds \$		
Account number (see instructions) 578		6 Medical and health care payments \$		
15a Section 409A deferrals \$	15b Section 409A income \$	7 Nonemployee compensation \$ 1,400.00		
		8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		
		10 Crop insurance proceeds \$		
		11		
		12		
		13 Excess golden parachute payments \$		
		14 Gross proceeds paid to an attorney \$ 0.00		
		15		
		16 State tax withheld \$		
		17 State/Payer's state no.		
		18 State income \$		

Form 1099-MISC

Department of the Treasury - Internal Revenue Service 38-2099803

BMIS1 NTF 2575720*

Tracey A. Kuchman
14120 Warner Cr.
N. Fort Myers, FL 33903

*12 JUN 20 PM 1224 SOE LEE CO FL

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ELECTION MAIL
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N. MYERS FL 339
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SUPERVISOR OF ELECTIONS
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FORT MYERS FL 33902-2545

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