FORM 1	STATE	MENT O	F FINA	NCIA	L INTERESTS	
AST NAME - FIRST NAME - MIDDLE)	NAME OF AGEN	<i>y</i>		
McKAMEY, JANA	$\delta I = Z$	<u>}</u>	CITY	OF BO	FLEVIEW	
MAILING ADDRESS			_/		OFFICE HELDS 1 60, 98 AV	
P.O.BOX 799			LOCAL OF	FICER	CityCLENK	
BELLEVIEW F	IIP [. 37620	MARION	□ STATE OF	FICER	A PERDOJE	
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:		SPECIFIED BMPLOYE	7	POSITION HELD		
EITHER OR SPECIFY TAX YEAR IF OTHER DECEMBER 31, 19 THAN THE CALENDAR YEAR:		□ CANDIDA	TE	A EFEG OE奪HDUOS 301740		
ome excluding public salary which e	with the largest exceeded five pe	t source first the na ercent (5%) of the	ame, address, ar gross income	nd principal b you received	ousiness activity of every source of your i or any person received for your benefit on a separate sheet, please check here	
NAME OF SOURCE OF INCOME		ADDRE	PRESS		DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY	
N/A						
f during the disclosure period (a) yo AND (b) if you received in excess of ness entity which exceeded in value	ou owned, direct f 10% of your gi ten percent (10	tly or indirectly, in ross income from t 0%) of the busines	n excess of 5% of the business ent as entity's gross	of the total assistity, please list income (con	sets or capital stock of any business entit t below every source of income to the bu nputed on the basis of the business entity	
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PART D — REAL PROPERTY [Required by Florida Please list below the location or legal description of al at any time during the previous tax year in excess of arate sheet, please check here .	ll real property in	(145(3)(c)]. In this state, excluding residence and vacation homes, in which you owned (%) of the property's most recently assessed value. If continued on a sep-			
Annual Control of the	*				
. \\\\					
N/					
(10%) of your total assets. Intangible personal proper ownership in a corporation or other business organize that which the property represents rather than its ownershares of incorporated or unincorporated companions for the payment of money. Your general name of the business entity to which the intangible	erty means mone zation having mu wn intrinsic value ies, business trust I description sho e property relates	y in which you hold an interest having a value in excess of ten percent ey, all evidences of debt owed to the reporting person, all evidences of altiple owners, and all other forms of property where value is based upon e, such as: certificates of deposit, checks, bills of exchange, drafts, stocks to r mutual funds, beneficial interests in a trust, notes, bonds, and other uld include the type of property as noted above and, if applicable, the s. For example: Stock, General Motors; Cash or Certificate of Deposit, d. If continued on a separate sheet, please check here			
TYPE OF INTANGIBLE	BUS	SINESS ENTITY TO WHICH THE PROPERTY RELATES			
1/14					
In the second se	· · · · · · · · · · · · · · · · · · ·				
which exceeded your net worth. You are not require	itor to whom you ed to list the amo il installment acc	u were indebted at any time during the disclosure period in an amount ount of any indebtedness or your net worth. The following are excluded counts; taxes owed; indebtedness on a life insurance policy owed to the			
NAME OF CREDITOR		ADDRESS OF CREDITOR			
1/8					
<u> </u>					
PART G — SIGNATURE SIGNATURE DATE SIGNED					
Danci Mekamuj		DATE SIGNED 5 /3/85			

PART H - FILING INSTRUCTIONS FOR FORM 1

WHO MUST FILE: All state officers, local officers, candidates for state or local elective office, and specified state employees (other than officers of the judicial branch), as defined in Section 112.3145 (1), Florida Statutes (1983), and listed on the attached cover sheet and in the brochure entitled "Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees," available from the Commission on Ethics, Supervisors of Elections, and Secretary of State. Persons required to file full disclosure (Form 6) are not required to file this form.

WHEN TO FILE: Candidates for publicly-elected state or local office must file financial disclosure together with and at the same time they file their qualifying papers. State and local officers and specified state employees are required to file by July 1st of each year. Each state or local officer who is appointed and each specified state employee who is employed must file disclosure within 30 days

from the date of appointment or the beginning of employment. Those appointments requiring Senate confirmation must be filed by the appointee prior to confirmation.

WHERE TO FILE: A candidate files this form together with and as a part of his qualifying papers. A local officer files with the Supervisor of Elections of the county in which he permanently resides. A state officer or specified state employee files with the Secretary of State, Room 1801, The Capitol, Tallahassee, Florida, 32301.

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MULTIPLE FILING UNNECESSARY: Any person who files a statement of financial interests for any calendar or fiscal year is not required to file a second disclosure for the same year or any part thereof, except that any public officer who qualifies as a candidate shall file a copy of his disclosure with the officer before whom he qualifies at the time he qualifies.

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES \$112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: DISQUALIFICATION FROM BEING ON THE BALLOT, IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$5,000.