FORM 1	STATEMENT OF				2011			
Please print or type your name, mailing address, agency name, and position be		FINANCIAI	INTERES	TŞ _{uffikv}	TOOK UP CLECTIONS			
Last Name — First Name — Midi	LE NAME	FO	FOR OFFICE USE ONLY: JUN 19 AM 3: 09					
MAILING ADDRESS:			ie ondt: 00	ביים מא כנא				
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				יטו	Code			
CITY: Thomas Green 146 Wilton Manors	50							
24-70-14Hiton Dr Apt			101	No.				
NAME OF A Wilton Manors FL 3	Drive	Conf. Code						
NAME OF OFFICE OR POSITION H	P. Reg. Code							
Wilton Manors								
You are not limited to the apace on the lines on this form. Attach additional shaets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE								
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DISCLOSURE PERIOD:	TH PAF	RTS OF THIS SECT	ION MUST BE C	OMPLET	ED ****			
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);								
DECEMBER 31, 201		_	TAX YEAR IF OTHER THA		•			
MANNER OF CALCULATING REPOR	TABLE IN	ITERESTS:						
THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS	. OR USI	NG COMPARATIVE THRESH	YOLDS. WHICH ARE USI	JALLY BASE	ON PERCENTAGE VALUES (AAA			
instructions for further details). PLEAS COMPARATIVE (PERCENTAGE)	E STATE	BELOW WHETHER THIS STA	atement reflects eit	HER (must c	hack one);			
PART A FRIMARY SOURCES OF	NCOME	[Major sources of income to ti	ie reporting person - See I	R VALUE TH				
(If you have nothing to re	port, you	must write "none" or "n/a")	 		71			
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
retired					MAN ME BOOMEDO MOTIVITI			
Christian - S. C. F. S. C. T. L. William (1980) S. S. C. William (1980) S. C. L. C.	et elate. Pa life.		to make Stock and a stock and					
PART B SECONDARY SOURCES	OF INCO	ME sources of income to busines	tes award by the reporting	marran . Sa	instructions - 41			
(If you have nothing to r	aport , yo	u must write "none" or "n/a"	,) eee owied på ing rabbidilf	t hereou - des	uleunctions b. 41			
		OF MAJOR SOURCES ADDRESS			PRINCIPAL BUSINESS			
BUSINESS ENTITY OF		BUSINESS' INCOME OF SOURCE			ACTIVITY OF SOURCE			

PART C - REAL PROPERTY [Land,	buildings.	oward by the renedles person	San Instruction	aller og udellig selver til k i de				
(If you have nothing to re	FILIN	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.						
1/2 interest	ara lo							
1800 S.W. 116 Ave					INSTRUCTIONS on who must			
Davie FL 33325					s form and how to fill it out on page 3.			
					OTHER FORMS you may need to file are described on page 6.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocke, bonde, certificates of daposit, 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							
					A STATE OF THE STA				
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							
	· · · · · · · · · · · · · · · · · · ·								
AMBALL AND APPRICATION OF THE PROPERTY OF THE				í					
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")									
(u you neve non mile to re		ENTITY#1	, Business en	ITITY#2	E # YTITHE SEENISUE				
NAME OF BUSINESS ENTITY		•		NP-Westerotesta					
ADDRESS OF BUSINESS ENTITY									
PRINCIPAL BUSINESS ACTIVITY					, <u> </u>				
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 IF ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (require	5q): ∨ ∨		DATE	SIGNED (r	equired):				
SIGNATURE (require		6/12/12							

WHAT TO FILE:

After completing all parts of this form, including aluming 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.

FILING INSTRUCTIONS:

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 Ethice, P.O. Drawer 15709, Tallahassee, FL 32317-6709; 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 Flie" instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and apecified 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/employea, state officer, and spacified 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.