1 						
FORM 1		STATEM	ENT OF		2011	
address, agency name, and position below:						
LAST NAME FIRST NAME MIDDLE NAME:						
		IAQ (<u> </u>			
TOR ISURIO					ode	
CITY:						
NAME OF AGENCY	$\overline{}$			ID N	5.	
CITY OF CAPE OPAL					Code	
NAME OF OFFICE OR POSITION	NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req. Code IT					
Conf. Code NAME OF OFFICE OR POSITION HELD OR SOUGHT: NAME OF OFFICE OR POSITION HELD OR SOUGHT: Vou 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						
		TS OF THIS SECTI		IPLET	(n)	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR		AL INTERESTS FOR THE PRI	ECEDING TAX YEAR, WHETH	HER BASE		
A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one)						
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):						
PART A PRIMARY SOURCES OF	COMPARATIVE (PERCENTAGE) THRESHOLDS OR OR OR OULAR 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 re NAME OF SOUR	≱port, you	must write "none" or "n/a")	nust write "none" or "n/a") SOURCE'S		DESCRIPTION OF THE SOURCE'S	
OF INCOME		147 EMAIN ST		PR	INCIPAL BUSINESS ACTIVITY	
CITO IN CASE IN		MEREDEN, CT				
		Ole 450				
PART B SECONDARY SOURCES						
[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		OF MAJOR SOURCES ADDRESS BUSINESS' INCOME OF SOURCE		1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
· · · · · · · · · · · · · · · · · · ·						
PART C REAL PROPERTY (Land	buildings	owned by the renorting persor	- See instructions p. 41			
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")					IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.	
Las NW 2911 EULACIL					RUCTIONS on who must	
22992					is form and how to fill it out on page 3.	
OTHER FORMS you may need						
1445 IS HOME ADDRESS 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		HICH THE PROPERTY RELATES					
CHAHLO S'HU	JGB LAVESING	51					
SEASONS FOUL INVESTMENT							
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							
MEUS FAIGO . DES MOINES, JA							
BANKOF AMELI	CA NORTH FOR	F MYELS FL					
		/					
	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")						
(If you have nothing to report, you must BUSIN	VESS ENTITY # 1 _ BUSINESS ENTITY #	#2 BUSINESS ENTITY #3					
NAME OF BUSINESS ENTITY		#2 BUSINESS ENTITY #3 0					
ADDRESS OF BUSINESS ENTITY		37 SC					
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY		8					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		1					
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required)		NED((required):					
1/11ama (11	Thurs of the second sec	4 x on 1017					
JAMANE XIE		PRIE COTE					
· · · · · · · · · · · · · · · · · · ·	FILING INSTRUCTIONS:						
After completing all parts of this form, including	WHERE TO FILE: If you were mailed the form by the Commission	WHEN TO FILE:					
signing and dating it. send back only the first	on Ethics or a County Supervisor of Elections for	Initially, each local officer/employee, state officer, and specified state employee must					
sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to that location.	file within 30 days of the date of his or her appointment or of the beginning of employment.					
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor	Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less					
section(s).	of Elections of the county in which they permanently reside. (If you do not permanently reside in	than 30 days from the date of their appointment.					
	Florida, file with the Supervisor of the county where your agency has its headquarters.)	Candidates for publicly-elected local office must file at the same time they file their qualifying					
NOTE: MULTIPLE FILING UNNECESSARY:	State officers or specified state employees	papers.					
Generally, a person who has filed Form 1 for a	file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical	Thereafter, local officers/employees, state officers, and specified state employees are					
calendar or fiscal year is not required to file a second Form 1 for the same year. However, a	address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.	required to file by July 1st following each calendar year in which they hold their positions.					
candidate who previously filed Form 1 because of another public position must at least file a copy of	Candidates file this form together with their	Finally, at the end of office or employment,					
his or her original Form 1 when qualifying.	qualifying papers.	each local officer/employee, state officer, and specified state employee is required to file a					
	To determine what category your position falls under, see the "Who Must File" Instructions on	final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing					
	page 3.	a CE Form 1F (Final Statement of Financial					
	Facsimiles will not be accepted.	Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.					