FORM 1	STATEMENT O	F 200⁄4				
Please print or type your name, mailing address, agency name, and position below	FINANCIAL INTER	ESTS /				
LAST NAME FIRST NAME MIDDLE <u>BRINDRETH</u> , To MAILING ADDRESS: 26441 Charlot BONITO SORINGS CITY:	FOR OFFICE USE ONLY:					
NAME OF AGENCY: <u>Aand</u> <u>Doning</u> NAME OF OFFICE OF POSITION HELE <u>Membel</u> CHECK ONLY IF CANDIDATE	BOB TO OR SOUGHT: OR NEW EMPLOYEE OR APPOINTEE	Conf. Code P. Req. Code				
NAME OF SOURCE	OME [Major sources of income to the reporting persor SOURCE'S	n] DESCRIPTION OF THE SOURCE'S				
OF INCOME Teamster's Cent. Pens. P Bonita Boy Group Joe ial Security	ADDRESS Und Trumbull Aue-Jetron Coconut Road-Bonita, So Washington,	PRINCIPAL BUSINESS ACTIVITY 1, Mich Disposition of Pens. Benifits prings Fla. Selling of Real Estate D.C. Running Ite Country				
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADD	of income to businesses owned by the reporting person] DRESS PRINCIPAL BUSINESS OURCE ACTIVITY OF SOURCE				
PART C REAL PROPERTY [Land, bui	dings owned by the reporting percent					
One (1) Manufactured	1	FILING INSTRUCTIONS for when and where to file this form are locat- ed 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.]					
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
<u> 401(K)</u>		Bonita Bay Group			
Stock		Van Guard			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
None					
			·····		
			······		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	BUSINESS ENT		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
			· · · · · · · · · · · · · · · · · · ·		
BUSINESS ENTITY ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS					
ACTIVITY POSITION HELD					
WITH ENTITY			· · · · · · · · · · · · · · · · · · ·		
INTEREST IN THE BUSINESS NATURE OF MY					
OWNERSHIP INTEREST					
IF ANY OF PARTS & THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):	Brand	reth	DATE SI	GNED (required):	
	FILING INSTRUCTIONS:				
WHAT TO FILE:	N	HERE TO FILE		WHEN TO FILE: Initially, each local officer/employee, state	

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

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.

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.

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.