FORM 1	STATEMI	ENT OF	2006	_					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S						
LAST NAME FIRST NAME MIDDLE NAM		FOR OF USE ON	***** **						
MAILING ADDRESS: PEMBRO	· · · · · · · · · · · · · · · · · · · 		/						
			ID Code						
	FL33)28 LEC	\leq	ID No.						
NAME OF AGENCY: STONEY BROOK CE			Conf. Code	i					
NAME OF OFFICE OR POSITION HELD OR VICE CHAIRMAN BO	P. Req. Code								
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.									
CHECK ONLY IF \(\bigcirc \) CANDIDATE OR	NEW EMPLOYEE OR APP	OINTEE							
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 (check one): DECEMBER 31, 2006 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 (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS									
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE	SOURC	DE'S	DESCRIPTION OF THE SOURCE'S	i					
IBM PENSIONS	FROELITY INVESTM	VENTS	PRINCIPAL BUSINESS ACTIVITY COMPUTEL SERVICES	4					
DOWN PENSION	+ POBOX	45 TSI CACINE	50	_					
KEM GOINIC	REALTY WOR 3625 DEL PR CAPE CENTO EL 3390	PADO BLUD	REAL ESTATE	_					
PART B SECONDARY SOURCES OF INCO			husinesses owned by the reporting person						
NAME OF NAM	ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE						
Non									
7.0/5									
				_					
PART C REAL PROPERTY [Land, buildings	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.								
11416 PEMBLOOK /20 ESTERO, PC 339	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.] TYPE OF INTANGIBLE J BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
STOCKS		MISC				
(less than 10%	er total As	c.(-)				
(0	9 444 763					
Bank Account		184 Fed CU, Boca Rotar, FC 33431				
! 						
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]						
<u> </u>	BUSINESS ENTITY # 1		BUSINESS EI	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						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): 5-/18/0 7						
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).

Facsimiles will not be accepted.

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.

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.

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