FORM 1	STATEM	STATEMENT OF		2011		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS				
LAST NAME - FIRST NAME - MIDDLE N COUTIEN PETER MAILING ADDRESS: 1500 MONRO	( John	FOR OFF USE ONL		12JUN11PH		
NAME OF AGENCY  NAME OF OFFICE OR POSITION HELD OF MANAGEM.  You are not limited to the space on the lines of CHECK ONLY IF   CANDIDATE OF	Services - fison on this form. Attach additional sheets,			Ode occode occode		
**** 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 (must check one):  DECEMBER 31, 2011 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 (must check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS						
NAME OF SOURCE	t, you must write "none" or "n/a") SOUR	RCE'S	DES	SCRIPTION OF THE SOURCE'S		
OF INCOME	ADDR	ADDRESS P		INCIPAL BUSINESS ACTIVITY		
PART B SECONDARY SOURCES OF INCOME  [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 NAME OF MAJOR SOURCES  BUSINESS ENTITY  NAME OF BUSINESS' INCOME  OF SOURCE  ACTIVITY OF SOURCE						
NIH		NATIONAL .				
PART C REAL PROPERTY [Land, build (If you have nothing to report,	dings owned by the reporting person, you must write "none" or "n/a")		when a are loc INSTR file this begin c	G INSTRUCTIONS for and where to file this form cated at the bottom of page 2.  RUCTIONS on who must s form and how to fill it out on page 3.		
				R FORMS you may need are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you me	[Stocks, bonds, certifiust write "none" or "	cates of deposit, etc See instructions	p. 5]	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
457 (Drefirement Account	nt Natio	nwide Deferred C	Implusation)	
Roth toA	Amos	ican. Funds	, ,	
	777.652			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, you mutate)		n/a")		
NAME OF CREDITOR		ADDRESS OF CF	REDITOR	
SMAC Mortgage POBOX 780, Waterloo, IA 50704-0780				
, J D		1		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, you mus) BUSIN	S [Ownership or positi t write "none" or "n/a NESS ENTITY # 1	ons in certain types of businesses - See ") BUSINESS ENTITY # 2	instructions p. 5]  BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	1	NA	NA	
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):		DATE SIGNED (required):		
Peter Clout	ier	6/0	é/12	
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).

### 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.

Facsimiles will not be accepted.

## 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. 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.