FORM 1	STATEM	IENT OF	2011			
Please print or type your name, mailing address, agency name, and position be	INTERESTS					
LAST NAME FIRST NAME MHDE DEArmon MAHLING ADDRESS	Paul Dale	FOR OFF USE ONL				
435 Workn	ren Way					
for & myers	33905 L	el	ID Code ID No. Conf. Code P. Req. Code			
Tice Fire	District COUNTY:					
NAME OF AGENCY: Chie -	, [Conf. Code			
NAME OF OFFICE OR POSITION		P. Req. Code				
You are not limited to the space on the CHECK ONLY IF	, if necessary. PPOINTEE	C0 F1				
**** BO	TH PARTS OF THIS SECT		PLETED ****			
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):						
	_	TAX YEAR IF OTHER THAN THE	E 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):						
PART A PRIMARY SOURCES OF			LUE THRESHOLDS			
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")						
OF INCOME	NAME OF SOURCE SOURCE'S OF INCOME ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL 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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land	, buildings owned by the reporting perso	n - See instructions p. 4]	FILING INSTRUCTIONS for			
(If you have nothing to re	eport, you must write "none" or "n/a")		when and where to file this form are located 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 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			
				· · · · · · · · · · · · · · · · · · ·	
			<u> </u>		
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructions p. 5] report, you must write '		")		
NAME OF CREDITOR		ADDRESS OF CREDITOR			
· · · · · · · · · · · · · · · · · · ·					
PART F INTERESTS IN SPECIFI	ED BUSINESSES (Owner	rship or positions	in certain types of businesses - See in		
(If you have nothing to	report, you must write "no	one" or *n/a")		110	
	BUSINESS ENT		BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY				SB	
ADDRESS OF BUSINESS ENTITY				E E	
PRINCIPAL BUSINESS ACTIVITY				100	
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 C	ONTINUED	ON A SEPARATE SHEET, PL		
SIGNATURE (required): DATE SIGNED (required):					
hand be	2		05/29	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, sta officer, and specified state employee mu file within 30 days of the date of his or h appointment or of the beginning of employmer Appointees who must be confirmed by the Sena must file prior to confirmation, even if that is least than 30 days from the date of their appointmer

Candidates for publicly-elected local office mu file at the same time they file their qualifyir papers.

Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following each calend year in which they hold their positions.

Finally, at the end of office or employment each local officer/employee, state officer, an specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However, filin a CE Form 1F (Final Statement of Financi Interests) does not relieve the filer of filing CE Form 1 if he or she was in their position of December 31, 2011.

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		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
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					
			12				
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") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2							
NAME OF BUSINESS ENTITY			4 SOE				
ADDRESS OF BUSINESS ENTITY			E E				
PRINCIPAL BUSINESS ACTIVITY			8 F				
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):							
fall of lay	2	05/29	/12				
FILING INSTRUCTIONS:							
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:							

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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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

