FORM 1	STATEM	IENT OF	2011					
Please print or type your name, mailing address, agency name, and position be	INTERESTS							
LAST NAME FIRST NAME MIDE DURAND, ( MAILING ADDRESS: 1331 (2000) Ft. Nyers CITY:	FOR OFFIC USE ONLY:							
NAME OF AGENCY : KIVEY Hall NAME OF OFFICE OR POSITION HI DO QY d OF You are not limited to the space on the CHECK ONLY IF CANDIDATE	mb-gr a, if necessary. APPOINTEE	Conf. Cale						
**** 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								
	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") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S							
Green Pointe LL	OF INCOME ADDRESS		PRINCIPAL BUSINESS ACTIVITY					
Alimony - Frank		1						
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					
	·	<u> </u>						
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")			ILING INSTRUCTIONS for hen and where to file this form re located at the bottom of page 2. INSTRUCTIONS on who must					
		b	le this form and how to fill it out egin on page 3. THER FORMS you may need 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						
VARIOUS/STOC	VARIONS/STOCKS, bonds, ANN - Smith Barney							
TRA		Fide	liter	0				
			<u> </u>			·····		
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						
110215 Caren Mar		POBX 10335, Des Moines, TA 50306						
third to deral	Savina	700	Broadway	1 1	10,06,0	NH GUNE		
	<u></u>	7	P Divas nug	<u>, , , , , , , , , , , , , , , , , , , </u>	1 Cranx,	011 17103		
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 # 3								
NAME OF BUSINESS ENTITY	norn Kau							
ADDRESS OF BUSINESS ENTITY	rome-pase	2						
PRINCIPAL BUSINESS ACTIVITY	beauty Sal	25	· ····································			12		
POSITION HELD WITH ENTITY		ultant				- UN 6		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	·					<u>_</u>		
NATURE OF MY OWNERSHIP INTEREST	007810000	-14/14				8101mR		
IF ANY OF PARTS A TH	ROUGH F ARE CO	NTINUE	D ON A SEPARATE SH	EET, PLEA	SE CHECK HER			
SIGNATURE (require	d):		DATE SI	GNED (	required):	Ē		
Carla S	Smar	Q		6/4	12	00F1		
<b>FILING INSTRUCTIONS:</b>								
WHAT TO FILE:								
After completing all parts of this form, <b>including</b> signing and dating it send back only the first sheet (pages 1 and 2) for filing.		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.		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				
section, you must write "none" or "n/a" in that section(s).		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.)		must file than 30 <i>Candid</i> a file at th	must file prior to confirmation, even if that is less than 30 days from the date of their appointment. <b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying			
NOTE: MULTIPLE FILING UNNECESSARY: Constraint a nemeral who has filed Form 1 for a		State officers or specified state employees file with the Commission on Ethics, P.O. Drawer		papers. Therea	fter, local officers/e	mployees, state		

er **Thereafter**, local officers/employees, state al 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.

CE FORM 1 - Effective: January 1, 2012. Refer to Rule 34-8.202 (1), F.A.C.

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.

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.

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")						
	GIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
VARIONS/STOCKS, bonds, ANN - Smith Barney						
TRA	Fide	liter 0				
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDIT		ADDRESS OF CREDITOR				
Wells Fargo May POBX 10335, Des Moines, TA			ines, IA 50306			
third Federal Savines 7007 Broadway Ave, Cleveland OH 44105						
	<u> </u>					
PART F — INTERESTS IN SPECIFI	IED BUSINESSES [Ownership or position report, you must write "none" or "n/a"	ons in certain types of businesses - See ins	structions p. 5]			
(ii ) ou	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	Mory Kay					
ADDRESS OF BUSINESS ENTITY	Nome-pased					
PRINCIPAL BUSINESS ACTIVITY	Déauty Sales		<u>1</u>			
POSITION HELD WITH ENTITY	beauty Consultant		UN 6			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST	Coreson - MA		AM1018			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE 🔲 🛱						
SIGNATURE (required): DATE SIGNED (required):			(required):			
(arla	Durand	6/0	+/12			
<i>FILING INSTRUCTIONS:</i>						
WHAT TO FILE:	WHERE TO F	FILE: WHE	EN 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:**

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