FORM 1	STATEM	IENT OF	10	2011			
Please print or type your name, mailing address, agency name, and position below:		INTERESTS					
LAST NAME - FIRST NAME - MIDDLE N. FORBES - FRE MAILING ADDRESS:	/)	FOR OF					
28200 ALFR	T	ı ID Code	/ j				
	ZIP: COUNTY:			JH 2			
NAME OF AGENCY:	_82	ID No.	器 3 to				
NAME OF OFFICE OR POSITION HELD C			Conf. Code P. Req. Code	1450ELEGOOF			
You are not limited to the space on the lines o	s, if necessary. PPOINTEE						
**** 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 MANNER OF CALCULATING REPORTABL	 LE INTERESTS:	TAX YEAR IF OTHER THAN TH					
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 INCOM	ME [Major sources of income to th	he reporting person - See instruc	ALUE_THRESHOLD: ctions p. 4]	<u> </u>			
(If you have nothing to report, NAME OF SOURCE OF INCOME		RCE'S PRESS		I OF THE SOURCE'S USINESS ACTIVITY			
SOCIAL SECURIT	0.00	REGO	1111111	001142007.011111			
OHIO PERS	111 1	11 0					
FRED FORBES/HANOY	MAN 28200 /4LFA	AN 28200 ALFRED MODRE CIAS					
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 NA BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME ADDRESS OF SOURCE		l l	RINCIPAL BUSINESS CTIVITY OF SOURCE			
				<u> </u>			
PART C REAL PROPERTY [Land, building (If you have nothing to report,	ngs owned by the reporting person you must write "none" or "n/a")		when and where	RUCTIONS for e to file this form he bottom of page 2.			
			INSTRUCTIO	NS on who must			
				MS you may need			

r'								
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						
MONEY MARKET		UBS COLYMBUS, OH						
DEFEREN COMPRISATION		OHIOPERS COLYMANS, OH						
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						
None		0						
				2				
				017				
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								
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):				(required):				
Faulh:	+ND		July 2,2012					

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.

FILING INSTRUCTIONS:

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