FORM 1	STATEM	ENT OF	2011				
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	. :				
LAST NAME - FIRST NAME - MIDDL HAAS, MARTIN	ENAME:	FOR OFFICUSE ONLY	,				
MAILING ADDRÉSS: 422 S.W. 45 STREET			12J NO L ID Code				
			ID Code				
CAPL CORAL 3	ZIP: COUNTY: U	22	ID No.				
SOUTHWAST FURIDA WA		BOARD	Conf. Code R				
NAME OF OFFICE OR POSITION HE UCHBAR BOA	ED OF DEXCTORS		P. Req. Code 2				
You are not limited to the space on the lit CHECK ONLY IF CANDIDATE	nes on this form. Attach additional sheets, OR NEW EMPLOYEE OR AF	1	Fill Pro Coop L				
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 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 "nia") NAME OF SOURCE OF INCOME SOURCE'S OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY COMPANDED CONSUME CONSUMENT OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY ENTER COMPANDED CONSUMENT OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY COMPANDED CONSUMENT OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY ENTER COMPANDED CONSUMENT OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY COMPANDED CONSUMENT OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY ENTER COMPANDED CONSUMENT OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY COMPANDED CONSUMENT OF THE SOURCE SOURCE'S PRINCIPAL BUSINESS ACTIVITY COMPANDED CONSUMENT OF THE SOURCE SOURCE'S PRINCIPAL BUSINESS ACTIVITY COMPANDED CONSUMENT OF THE SOURCE SOUR							
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				
NIA							
PART C REAL PROPERTY (Land, buildings owned by the reporting person - See instructions p. (If you have nothing to report, you must write "none" or "n/a") (338 PREJIDEN MAL COURT FT MULLS 336/9			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
SUITEI 201, 201 PRESIDENTIA	LO3 LHOUDINGS OF LW F	LORISA, LLC)	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						
NA								
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						
CITI HONTLAGE		P.O. BAX 6243. SIDOX FALLS, SD 57117						
CITI BANK		100 CITBAIR DRIVE, JAN ANTONIO, TX 78245						
RELYONI BANK (PREJIDENTIA)								
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	MA	<u>r</u>	NA	N/A				
ADDRESS OF BUSINESS ENTITY					- خي			
PRINCIPAL BUSINESS ACTIVITY					27			
POSITION HELD WITH ENTITY					11S			
I OWN MORE THAN A 5%					2JUN19#11399			
INTEREST IN THE BUSINESS NATURE OF MY					- 13			
OWNERSHIP INTEREST	THROUGH E AD	E CONTINUE	D ON A SEDADATE SUCET DIE	FASE CHECK HEDE	- 9			
CLOCATURE (CALLED (CONTROL)								
SIGNATURE (required): 6/19/2013					ΩF1			

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.