FORM 1	FORM 1 STATEMENT OF							
Please print or type your name, mailing address, agency name, and position be	s, agency name, and position below:							
LAST NAME FIRST NAME MIDI MCGRATH BR MAILING ADDRESS :		OFFICE ONLY:	n y e					
2775 MICH	144			code				
CITY:	EE							
HISTORIC HERSE	SION	ID N	V S					
CONMISSIONEE       Conf. Code         NAME OF OFFICE OR POSITION HELD OR SOUGHT :       P. Req. Code								
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE								
	CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE							
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):								
PART A PRIMARY SOURCES OF	INCOME	[Major sources of income to th	e reporting person - See ins		RESHOLDS			
(If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE OF INCOME ADDRESS			RCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
	VER BY BUILDERS, INC. 2775 MicHighn AU FT, My							
ļ		·						
		<u> </u>						
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 AD OF BUSINESS' INCOME OF S			PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA								
PART C REAL PROPERTY (Land			a - See instructions p. 4]	FILIN	IG INSTRUCTIONS for			
(If you have nothing to report, you must write "none" or "n/a")  ———————————————————————————————————								
2775 MICHIGAN AU - RESIDENCE 2789 MICHIGAN AU - VACANT LOT 0 MICHIGAN AU - VACANT LOT					RUCTIONS on who must			
O MICHIGAN AV - VACANT LOT					on page 3.			
					OTHER FORMS you may need to file are described on page 6.			

PART D — INTANGIBLE PERSON (If you have nothing to				ictions p. 5]			
TYPE OF INTANGIBLE		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NA							
<u></u>			<u></u>	<u> </u>			
PART E — LIABILITIES [Major del	ots - See instruct	tions p. 51	and a dealer of the	······································			
(If you have nothing to							
NAME OF CREDITOR			ADDRESS OF CREDITOR				
				<u></u>	· · · · · · · · · · · · · · · · · · ·		
					Ň		
PART F — INTERESTS IN SPECIFIE	ED BUSINESSE	3 [Ownership or posit	tions in certain types of businesses	- See instructions	p. 5]		
(If you have nothing to report, you mus BUSI		t write "none" or "n/a NESS ENTITY # 1					
NAME OF BUSINESS ENTITY	¥/4	1		<u> </u>			
ADDRESS OF BUSINESS ENTITY	/\/	<u> </u>	<u>+</u>		<u>r</u>		
PRINCIPAL BUSINESS ACTIVITY			<u> </u>				
POSITION HELD WITH ENTITY	·····				<u>+ 7</u>		
I OWN MORE THAN A 5%	a	<u></u>	<u> </u>				
INTEREST IN THE BUSINESS NATURE OF MY			<u>+</u>				
a de la companya de l			ED ON A SEPARATE SHE				
SIGNATURE (requir	<u>rea):</u>	$\wedge$	DATE SIG	<u>n⊏∪ (requ</u>	<u>urea):</u>		
	M	5		26-12			
Ally Cli							
	,		<b>STRUCTIONS:</b>				
WHAT TO FILE:	na francisco de						
After completing all parts of this form, including signing and dating it, send back only the first		If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for		Initially, each local officer/employee, stal officer, and specified state employee mu			
sheet (pages 1 and 2) for filing.		your annual disclo that location.	osure filing, return the form to	appointment or	days of the date of his or his of the beginning of employment		
If you have nothing to report in a particular 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 prior to	o must be confirmed by the Sena o confirmation, even if that is les		
				than 30 days fro	om the date of their appointmer		
				file at the same	publicly-elected local office mu le time they file their qualifyir		
NOTE: MULTIPLE FILING UNNECESSARY:		State officers or specified state employees file with the Commission on Ethics, P.O. Drawer		papers. <b>Thereafter</b> , lo	ocal officers/employees, sta		
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a		15709, Tallahassee, FL 32317-5709; physical office		officers, and s	specified state employees 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.		201, Tallahassee, I	address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.		required to file by July 1st following each calend year in which they hold their positions.		
		Candidates file this form together with their qualifying papers.		Finally, at the end of office or employment each local officer/employee, state officer, and			
		To determine what category your position falls		specified state	employee is required to file form (Form 1F) within 60 da		
		under, see the "W page 3.	Vho Must File" Instructions on	of leaving office	e or employment. However, fille		

Facsimiles will not be accepted.

a CE Form 1F (Final Statement of Financal Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position in December 31, 2011.

PART D — INTANGIBLE PERSONAL PR (If you have nothing to repo	COPERTY [Stocks, bonds, certiner, you must write "none" or '		uctions p. 5]			
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NA						
			<u>► :</u>			
PART E — LIABILITIES [Major debts - S	ee instructions p. 5]					
	t, you must write "none" or "	'n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR				
	·		<u> </u>			
		, <u>, , , , , , , , , , , , , , , , , , </u>				
PART F — INTERESTS IN SPECIFIED BUS (If you have nothing to report,			s - See instructions p. 5]			
(ii you nave notiting to report,	BUSINESS ENTITY # 1	BUSINESS ENTITY #	[51]			
NAME OF BUSINESS ENTITY	×/_	<u> </u>	SE SE			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5%	<u> </u>					
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THRO	UGH F ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (required)	ی کی کرد کرد کار	DATE SIG	NED (required):			
	N A					
Duy all	to Ser	<u> </u>	26-12			
▝▀ᡃ᠁░᠁▃▀╶▃ዏੑ੶▃▖▖▖		STRUCTIONS:				
WHAT TO FILE:	WHERE TO		WHEN TO FILE:			
After completing all parts of this form, incl. signing and dating it, send back only th		the form by the Commission nty Supervisor of Elections for	<i>Initially</i> , each local officer/employee, state officer, and specified state employee must			
sheet (pages 1 and 2) for filing.		sure filing, return the form to	file within 30 days of the date of his or her appointment or of the beginning of employment.			
If you have nothing to report in a part section, you must write "none" or "n/a" in	ticular Local officers/emp	oloyees file with the Supervisor	Appointees who must be confirmed by the Senate			
section(s).	of Elections of the co	ounty in which they permanently not permanently reside in	must file prior to confirmation, even if that is less than 30 days from the date of their appointment.			
	Florida, file with th	he Supervisor of the county has its headquarters.)	Candidates for publicly-elected local office must file at the same time they file their qualifying			
NOTE: MULTIPLE FILING UNNECESSARY:	State officers or	specified state employees	papers.			
Generally, a person who has filed Form 1 calendar or fiscal year is not required to	for a 15709, Tallahasse	ission on Ethics, P.O. Drawer e, FL 32317-5709; physical	Thereafter, local officers/employees, state officers, and specified state employees are			
second Form 1 for the same year. However, candidate who previously filed Form 1 becau	ver, a 201 Trilebassa F	clay Boulevard, South, Suite L 32312.	required to file by July 1st following each calendar year in which they hold their positions.			
another public position must at least file a conhis or her original Form 1 when qualifying.		nis form together with their	<i>Finally</i> , at the end of office or employment, each local officer/employee, state officer, and			
The officer original room is when quanying.	, , , , , , ,	t category your position falls	specified state employee is required to file a			

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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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.