

## FORM 1

## STATEMENT OF

2011

Please print or type your name, mailing address, agency name, and position below:

## FINANCIAL INTERESTS

FOR OFFICE  
USE ONLY:

COPY

LAST NAME -- FIRST NAME -- MIDDLE NAME:

MIAZ - GRAYSON - EDWARD

MAILING ADDRESS:

259 6th Street

ID Code

ID No.

Conf. Code

P. Req. Code

CITY: ZIP: COUNTY:

Burlington 34134 Collier

NAME OF AGENCY:

See Attached

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

See Attached

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

## \*\*\*\* 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 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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Columbian Holdings LLC	7807 Baymeadows, Jacksonville 32256	Land Development
Hampton Golf Course	7807 Baymeadows, Jacksonville 32256	Consulting

## 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
Columbian Holdings LLC	Hampton Golf Course	7807 Baymeadows, 32256	Consulting

## 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")

Lot 95 Block 11 Silver Creek Hills Plantation II

FILING INSTRUCTIONS for  
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
Mutual Funds	Fidelity
Mutual Funds	Key Bank

**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
Key Bank	Fort Myers FL

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**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	Colbert Consulting LLC	Evigreen LLC	
ADDRESS OF BUSINESS ENTITY	25563 Street 34134	7877 Aventura 322 st.	
PRINCIPAL BUSINESS ACTIVITY	Consulting	Consulting	
POSITION HELD WITH ENTITY	Managing Member	Member	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	NO	
NATURE OF MY OWNERSHIP INTEREST	Partnership	Partnership	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE (required):**

**DATE SIGNED (required):**

*[Handwritten Signature]*

6/24/12

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

**Form 1 Statement of Financial Interests**  
**Additional Sheet 1 of 1**

Graydon Edward Miars  
259 6<sup>th</sup> Street Bonita Springs, Florida 34134

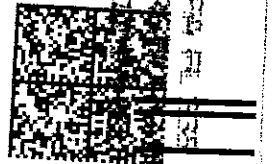
Name of Agency and Positions Held:

- River Hall Community Development District – Chairman
- Belmont Community Development District – Vice-Chairman
- Triple Creek Community Development District – Asst. Secretary
- Spring Ridge Community Development District – Asst. Secretary
- Southern Hills I Plantation Community Development District – Chairman
- Southern Hills III Plantation Community Development District – Chairman
- Amelia Walk Community Development District – Asst. Secretary
- Grand Hampton Community Development District – Asst. Secretary
- Bridgewater Community Development District – Asst. Secretary

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SUPERVISOR OF ELECTIONS  
PO BOX 2545  
FORT MYERS FL 33902-2545



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