FORM 1	STATEM	ENT OF		2011	
Please print or type your name, mailing address, agency name, and position belonger	FINANCIAL	INTERESTS		/	
LAST NAME FIRST NAME MIDD		FOR OF	FICE		
MILLER TERR	Y PAUL JR	USE OF	ILY:		
MAILING ADDRESS :	, K O/				
2621 SW 297	<u> </u>		ID Co	ode M	
				V ⅓	
CITY:	ZIP: COUNTY:		ID No		
CABE CORAL AL	33914 LEE		ID NO	" • • • • • • • • • • • • • • • • • • •	
NAME OF AGENCY:	construction District - E Ecoloty ours. est comm	ilected	Conf.	Code q. Code Code	
NAME OF OFFICE OR POSITION HE	ELD OR SOLIGHT	to- Again	D Pa	q. Code	
GAOD	LED ON OCCUM!			d. code	
	ines on this form. Attach additional sheets,	if necessary.		Ð	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	PPOINTEE		2011 PDF Form 1	
**** BO	H PARTS OF THIS SECT	ON MUST BE COM	PLETE	D ****	
DISCLOSURE PERIOD:					
	FINANCIAL INTERESTS FOR THE PRI LOW WHETHER THIS STATEMENT IS				
DECEMBER 31, 201	1 OR G SPECIFY	TAX YEAR IF OTHER THAN T	HE CALE	NDAR YEAR:	
MANNER OF CALCULATING REPOR	TABLE INTERESTS:				
THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS	S THE OPTION OF USING REPORT , OR USING COMPARATIVE THRESH	'ING THRESHOLDS THAT A OLDS. WHICH ARE USUALL	RE ABSC Y BASED	OLUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see	
	E STATE BELOW WHETHER THIS STA				
COMPARATIVE (PERCENTAG				RESHOLDS	
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	_	RCE'S I	DES	CRIPTION OF THE SOURCE'S	
OF INCOME	····	RESS	PR	INCIPAL BUSINESS ACTIVITY	
Sysia Food services We		MATO, IL 34221	7000	souveé sples	
· · · · · · · · · · · · · · · · · · ·	"qua"	:			
PART B - SECONDARY SOURCES	OF INCOME and other sources of income to business	ses owned by the reporting per	rson - See	instructions n. 41	
	eport , you must write "none" or "n/a		3011 000	1130 ddiono p. 11	
NAME OF	NAME OF MAJOR SOURCES	ADDRESS	1	PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
In strategae co-sulti-	- naticaldwall campaian	19 BURBShame, Lehich	ACAM,	2 political CAMBAIGA	
Smores LLC	- GANY Aubuch - (AMPAIL	4707 SE 9th PL, (Aprilo)	24 76	(· · · · · · · · · · · · · · · · · · ·	
	,		3504		
	buildings owned by the reporting person			G INSTRUCTIONS for	
(If you have nothing to re	port, you must write "none" or "n/a")		when	and where to file this form	
Home: 2671 SW:	79th PL CAPECONSI	JL 33914	are lo	cated at the bottom of page 2.	
				RUCTIONS on who must	
				s form and how to fill it out on page 3.	
				. •	
				ER FORMS you may need 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				
401 K	7.d. 1 vty				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, you must w	p. 5] rite "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
BAIK of Amount	ADDRESS OF CREDITOR PO30x 650070 Dallas, TX 75765 P.O. B. & 991817 Mob.le AL 3491				
BAK of America SE Togota Financias	7.0.Bx 991817 Mobile AL 3691				
	R				
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	F CONTINUED ON A SEPARATE SUFERIOR DE FASE CUEDA UEDE				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): DATE SIGNED (required):					
	9/10/12				

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.

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

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