POL

### STATEMENT OF FORM 1 2011 FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below LAST NAME -- FIRST NAME -- MIDDLE NAME FOR OFFICE MOYLE **USE ONLY:** JAMES MAILING ADDRESS : 17420 STERLING ID Code ID No. NAME OF AGENCY: Conf. Code HACIENDA LANGS COMMUNITY DEVELOPMENT DISTACT 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. NEW EMPLOYEE OR APPOINTEE CHECK ONLY IF CANDIDATE OR 2011 PDF Form 1 \*\*\*\* 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** SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: OR 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 **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 SOURCE'S **DESCRIPTION OF THE SOURCE'S** OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 34104 LANGE OF MAPLES LLC 3921 AVV. HACIENDA LAND DEVELOPMENT 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 NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] FILING INSTRUCTIONS for (If you have nothing to report, you must write "none" or "n/a") when and where to file this form are located at the bottom of page 2. NoNE 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			
~/4					
	<u> </u>				
PART E — LIABILITIES [Ma]or de (If you have nothing to			ula")		
NAME OF CREDITOR		ADDRESS OF CREDITOR			
GM FINANCIAL					
					<u></u>
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	Scuttern ComFr	-6.C. A	> NOT ACTIVE		
ADDRESS OF BUSINESS ENTITY	17420 STERLING U				<del></del>
PRINCIPAL BUSINESS ACTIVITY	General Connactor				
POSITION HELD WITH ENTITY	President				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	У				
NATURE OF MY OWNERSHIP INTEREST	Sole Poornice	~			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): DATE SIGNED (required):					uired):
and. ma		11/27/12			
FILING INSTRUCTIONS:					
NHÁT TO FILE: WHEN TO FILE: WHEN 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.

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.

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.