FORM 1	STATEMENT OF		2012		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERES	STS	FOR OFFICE USE ONLY:		
LAS NAME FIRST NAME MIDDLE N MAILING ADDRESS:	VIN BARRY				
	ZIP: COUNTY:		13JAV22		
NAME OF AGENCY SAN Bel.	Con Coura C		13JAN229M091590ELEEÇOF		
	on this form. Attach additional sheets, if necessary.		e E E		
CHECK ONLY IF CANDIDATE OF			0F1		
**** 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, 2012 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). CHECK THE ONE YOU ARE USING:  COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]  (If you have nothing to report, you must write "none" or "n/a")					
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Coslere Capiral	(y)				
Guest Resources U.	5A				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRES OF BUSINESS' INCOME OF SOUR		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
gleen ( punt	Aurtolion All 1558 /	Gran!	Danne Coulor		
Q185 Roseman 1	moletier All 155011 he	yan Bles	I from Conf		
	fings owned by the reporting person - See instructions] you must write "none" or "n/a")	whe	NG INSTRUCTIONS for n and where to file this n are located at the bottom age 2.		
	· · · · · · · · · · · · · · · · · · ·	file	TRUCTIONS on who must this form and how to fill it begin on page 3.		

PART D — INTANGIBLE PERSONAL P	ROPERTY (Stocks, bonds, certificert, you must write "none" or "n	eates of deposit, etc See instructions]				
TYPE OF INTANGIBLE	1	BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES			
Masa 15 mlu	Soul	( Pass	THO EXTENSION			
1027.10						
			<b>.</b>			
			<u> </u>			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")  NAME OF CREDITOR  ADDRESS OF CREDITOR						
NAME OF CREDITOR ADDRESS OF CREDITOR			DITOR			
Contrall Olarlo 14 0						
Terral Hoursage Lodellick Ala						
Comme //one/	790 / 7	revised // /				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  (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	Solean Capine	Costem application	- Ques lesone			
ADDRESS OF BUSINESS ENTITY	550 M Engon Blus	15550 H Caryon Blue	15550 M 619 1- BG			
PRINCIPAL BUSINESS ACTIVITY	Pren brance	Equilar herrie	Town frat			
POSITION HELD WITH ENTITY	CKO	CEO	CEO			
I OWN MORE THAN A 5%	111.5	MGS	49.5			
INTEREST IN THE BUSINESS NATURE OF MY	301	1 rel	103			
OWNERSHIP INTEREST	35/0	15/0	100			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):  DATE SIGNED (required):						
1/14/13						
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.

**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/employer state officer, and specified state employer 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 3 days from the date of their appointment.

**Candidates** for publicly-elected local offic must file at the same time they file the qualifying papers.

**Thereafter**, local officers/employees, stat officers, and specified state employee are required to file by July 1st followin each calendar year in which they hold the positions.

Finally, at the end of office or employmen each local officer/employee, state officer, an specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the file of filing a CE Form 1 if he or she was in the position on December 31, 2012.