# FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2012

FINANCIAL INTERESTS										
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)										
LAST NAME — FIRST NAME — MID TYSON BRUCK	NAME OF REPORTING PERSON'S AGENCY:  AFFORDABLE HOUSING COMMITMEE									
MAILING ADDRESS: 4015 COUNTE	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):									
CAPECORAL	FL.	23904	☐ LOCAL OFFICER ☐ STATE OFFICER☐ SPECIFIED STATE EMPLOYEE							
CITY: ZIP:	, ,	COUNTY:	UST OFFICE OR POSITION HELD: WEWBEE							
					2	2012 PDF Form 1[]				
***BOTH PARTS OF THIS SECTION MUST BE COMPLETED***  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2012 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS										
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]										
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	DE'S ESS		RIPTION OF THE SOU	RCE'S						
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		· ·								
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")										
NAME OF BUSINESS ENTITY SWAUSECURITY		E OF MAJOR SOURCES F BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
MINEMENTS	7	****			_					
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")					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
RESIDENCE CAP	E CO	RAL		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.						
					OTHER FORMS you may need to					
				file ar	e described on page	6.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions ρ. 5] (If you have nothing to report, you must write "none" or "n/a")									
TYPE OF INTANGIBLE		L	BUSINESS ENTITY T	O WHICH THE PRO	OPERTY RELATES				
MAC DNOMPAST	PRAYMOND JAMES ACCOUNT			TRUST		-			
		BRU							
		!	<del></del>						
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									
53 BANK		EOUTY	LINEOFC	200017	COPECORAL				
				· · · · · · · · · · · · · · · · · · ·					
						_			
PART F — INTERESTS IN SP (If you have nothing	PECIFIED BUSINESSI to report, you must wi			es of businesses - S	ee instructions p. 5]				
	BUSINESS ENTI	TY#1 BUSINESS ENTITY#		ΓY#2	BUSINESS ENTITY # 3	<u> </u>			
NAME OF BUSINESS ENTITY	HONY					Ē.			
ADDRESS OF BUSINESS ENTITY						3			
PRINCIPAL BUSINESS ACTIVITY						10			
POSITION HELD WITH ENTITY						27m1040SIE			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u>, ,, ,,, ,, ,, ,, , , , , , , , , , , </u>				H			
NATURE OF MY OWNERSHIP INTEREST						유 응			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE:	Sluu		7	ATE SIGN JUY 25	7 <b>10</b> 12				
FILING INSTRUCTIONS:									

#### WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

#### WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

### WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

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

#### NOTE:

If you are leaving office or employment during the first half of 2012, you may not have filed Form 1 for 2011. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2011 by July 1, 2012, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.





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SUPERVISOR OF ELECTIONS PO BOX 2545 F1 LIVERS FL 33902-2545

