FORM 1	STATEM	IENT OF		2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NA				7	
MAILING ADDRESS:	412			31.0949.SDE LEE (0) F	
24311 WALPEN CO	ENTER DRIVE		-	499	
Suite 300				/	
CITY: ZI	P: COUNTY:		J	/ Æ	
NAME OF AGENCY:	4134 LE	: E	,		
GUARRY COMMUN	ITY DEVELOPMENT	DISTRICT			
NAME OF OFFICE OR POSITION HELD OF	≀ SOUGHT :				
You are not limited to the space on the lines on	this form. Attach additional sheets	, if necessary.		P	
CHECK ONLY IF CANDIDATE OR	☐ NEW EMPLOYEE OR A	PPOINTEE			
	ARTS OF THIS SECT	ION MUST BE CO	MPLET	FED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA	ANCIAL INTERESTS FOR THE	PRECEDING TAX YEAR	, WHETHE	ER BASED ON A CALENDAR	
YEAR OR ON A FISCAL YEAR. PLEASE SEITHER (must check one):	3TATE BELOW WHETHER TH	IIS STATEMENT IS FOR 1	HE PREC	EDING TAX YEAR ENDING	
DECEMBER 31, 2012	OR SPECIFY	TAX YEAR IF OTHER TH	AN THE C	ALENDAR YEAR:	
MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS THE	LE INTERESTS:	ING THRESHOLDS THAT	TARE ARG	OLLITE DOLL AR VALUES WHICH	
REQUIRES FEWER CALCULATIONS, OR (see instructions for further details). CHECI	USING COMPARATIVE THRE	SHOLDS, WHICH ARE U	SUALLY B	ASED ON PERCENTAGE VALUES	
COMPARATIVE (PERCE			R VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report, you	E [Major sources of income to the	ne reporting person - See in	structions]		
NAME OF SOURCE		RCE'S	l DE	ESCRIPTION OF THE SOURCE'S	
OF INCOME		RESS	PRINCIPAL BUSINESS ACTIVITY		
PULTE PAYROLL CORP.	100 BLOOMFIELD H	•	+	HOMEBUILDING	
BRIAD VADRAGE	BLOOMFIELD HILLS N LY09 130H ME, FRA		Care	6 4100 11-1-1-1	
FIFTH THIRD BANK	FIFTH THEP COME		- T	-FINANCO MORTOME INTEREST	
PART B — SECONDARY SOURCES OF INC [Major customers, clients, and oth	COME er sources of income to business				
(If you have nothing to report, w	ME OF MAJOR SOURCES	1 1222500			
	DF BUSINESS' INCOME	ADDRESS OF SOURCE			
NA					
PART C REAL PROPERTY [Land, building (If you have nothing to report, you	is owned by the reporting person ou must write "none" or "n/a")	- See instructions]		IG INSTRUCTIONS for	
7/2			form	n and where to file this are located at the bottom	
				ige 2.	
		INSTRUCTIONS on who must file this form and how to fill it			
				pegin on page 3.	

PART D — INTANGIBLE PERSON (If you have nothing to					tions]			
TYPE OF INTANGIBLE		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
SANIMGE CHECKING			FIGHT THAP BAR FIFTH THER CONTER CINGWAMM, OM 45263					
STOCKS WESTMENTS			FIREITY INSTREMS P.O. BOX 770001 CINCLINATION 45277					
PART E — LIABILITIES [Major del (If you have nothing to	report, you		ite "none" or "n	· •	SE CREDITOR			
NAME OF CREDITOR			ADDRESS OF CREDITOR					
Prc Bank			PAC MORTEAGE, 7012 CORPARATE IN SUITE NO NAPORNIUE, IL 60563					
PART F — INTERESTS IN SPECIFIE (If you have nothing to a	report, you r	nust write	nership or position "none" or "n/a" ENTITY # 1	ons in certain types of businesses BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	2	lA_						
ADDRESS OF BUSINESS ENTITY						MAYB1#0949		
PRINCIPAL BUSINESS ACTIVITY						₹ Z		
POSITION HELD WITH ENTITY		_				3 86		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST						8		
IF ANY OF PARTS A 1	HROUGH	I F ARE	CONTINUE	ON A SEPARATE SHEE	T, PLEASE CHECK HE	RE 🔲		
SIGNATURE (required): DATE SIGNED (required):								
			5/29/13					
FILING INSTRUCTIONS:								

WHERE TO FILE:

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.

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, Tailahassee, 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/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, 2012.