

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SMOAK, DONALD

ID# 00097333

MAILING ADDRESS :

8757 SW 194TH CT 17784 SW 61st Lane Road

CITY :

DUNNELLON, FL

ZIP :

34432

COUNTY : MARION

MIAMI DADE

NAME OF AGENCY :

HOMESTEAD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FIREFIGHTER BOARD MEMBER

FOR OFFICE USE ONLY:



\* S M O A K \*



\* D O N A L D \*



\* 0 0 0 9 7 3 \*

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You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [ ] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

\*\*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):

[X] DECEMBER 31, 2010

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

[ ] COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

[X] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME

SOURCE'S ADDRESS

DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

Table with 3 columns: Name of Source of Income, Source's Address, Description of Source's Principal Business Activity. Includes entries for City of Homestead Firefighters Pension Plan, Miami Dade Workers Compensation, and FLA Dept of Financial Serv. Workers Comp.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY

NAME OF MAJOR SOURCES OF BUSINESS' INCOME

ADDRESS OF SOURCE

PRINCIPAL BUSINESS ACTIVITY OF SOURCE

Table with 4 columns: Name of Business Entity, Name of Major Sources of Business' Income, Address of Source, Principal Business Activity of Source. All entries are 'NONE'.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

None

2011 JUN 21 AM 7:57

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FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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.]  
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NONE	
NONE	
NONE	
NONE	
NONE	

**PART E — LIABILITIES** [Major debts]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	
NONE	
NONE	
NONE	

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 2011 JUN 21 AM 7:57  
 FLORIDA COUNTY  
 ELECTIONS DEPARTMENT

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]  
(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	NONE	NONE	NONE
ADDRESS OF BUSINESS ENTITY	NONE	NONE	NONE
PRINCIPAL BUSINESS ACTIVITY	NONE	NONE	NONE
POSITION HELD WITH ENTITY	NONE	NONE	NONE
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NONE	NONE	NONE
NATURE OF MY OWNERSHIP INTEREST	NONE	NONE	NONE

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required): *Donald R Smoak*

DATE SIGNED (required): 6-16-2011

**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).

Facsimiles will not be accepted.

**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; 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.

**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.

Ocala New

# FORM 1

# STATEMENT OF

# 2010 E

## FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

117 840006

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
Smoak, Donald

FOR OFFICE USE ONLY:

MAILING ADDRESS :  
8757 Sw 194th Ct 17784 SW 61st LANC RD.

CITY : ZIP : COUNTY :  
Dunnellon 34432 2790 Marion County

NAME OF AGENCY :  
Homestead

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Firefighter Board Member

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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2011 JUN 20 AM 10:55  
SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\***

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 DECEMBER 31, 2010 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:  
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 COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Homestead Firefighters PENSION PLAN	Benefits USA 3810 INVERMAY BLVD Suite 303, LAUDERHILL, FL. 33319	Retirement PLAN for City of Homestead Firefighters
MIAMI DADE WORKERS COMPENSATION	111 NW 1st Street, MIAMI, FL 33128-1926	(Firefighters) MIAMI DADE RISK MANAGEMENT
FLA. Dept of Financial Serv. Workers Comp	200 E. GAINES ST Tallahassee, FL 32399	State of FLA Special Disability Fund

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]  
(If you have nothing to report, you must write "none" or "n/a")

NONE

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NONE	
NONE	
NONE	
NONE	

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(If you have nothing to report, you must write "none" or "n/a")

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NONE	
NONE	
NONE	

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NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY	NONE		
PRINCIPAL BUSINESS ACTIVITY	NONE		
POSITION HELD WITH ENTITY	NONE		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NONE		
NATURE OF MY OWNERSHIP INTEREST	NONE		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required) *Donald R Smock*

DATE SIGNED (required):  
6-16-2011

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