Not on List 113019022 New

FORM 1	STATEM	STATEMENT OF			2011					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S			<del></del>				
MACTINES FIRST NAME MIDDLE  MACTINES  MAILING ADDRESS:	NAME :	FOR O								
Yais In ssh Cirde			ı ID C	ode						
O Gala Sunzu Marian CITY: ZIP: COUNTY:  Gibria Isay Marian Regional Marifforce Development Coord, The.  NAME OF AGENCY:  Board Manyer					NARION COUNTY.	2012 JUN 29 AM	Z M C C			
NAME OF OFFICE OR POSITION HELD		P. R	eq. Code		- <del>-</del>					
You are not limited to the space on the lines  CHECK ONLY IF  CANDIDATE C				<u>ස</u> 2011	1 PDF Form 1					
THIS STATEMENT REFLECTS YOUR FIN A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011  MANNER OF CALCULATING REPORTAE THE LEGISLATURE ALLOWS FILERS TO REQUIRES FEWER CALCULATIONS, OF INSTRUCTIONS FOR FURTHER DECEMBER 1. PLEASE SELECTION OF THE PART A — PRIMARY SOURCES OF INCOMPARATIVE (PERCENTAGE) TO PART	OR SPECIFY  BLE INTERESTS: THE OPTION OF USING REPORE R USING COMPARATIVE THRESH TATE BELOW WHETHER THIS STATE THRESHOLDS OR  OME [Major sources of income to the table of the company of	FOR THE PRECEDING TAX Y  TAX YEAR IF OTHER THAN T  TING THRESHOLDS THAT A HOLDS, WHICH ARE USUALL  ATEMENT REFLECTS EITHER  DOLLAR V  ne reporting person - See instru	EAR ENE HE CALE RE ABSO Y BASED (must cl ALUE TH	DING EITH NDAR YE DLUTE DO ON PER neck one) RESHOLD	HER (mu: AR: OLLAR \ RCENTAGE  COS	VALUES	one):  S, WHICH UES (see			
OF INCOME  Ace Contraction Solutions Inc.		ADDRESS				PRINCIPAL BUSINESS ACTIVITY				
Inca Lastination to be from Line.	SOU SE FOULT CONT	BODI SE LOW COURT BOOK, FT JUNFI CONS								
(If you have nothing to repo	INCOME other sources of income to busines rt , you must write "none" or "n/a" NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ses owned by the reporting per ') ADDRESS OF SOURCE	son - See	P	ns p. 4] PRINCIPA CTIVITY					
٥/٥										
2/2										
PART C REAL PROPERTY [Land, build (If you have nothing to report	dings owned by the reporting persoi t, you must write "none" or "n/a") ১ ১১৯ Cirkle Ocale, দে ১৬৬৮		when are loo INST file thi begin	IG INST and when cated at t RUCTIC is form a on page	re to file the both  ONS or nd how 3.	e this f tom of n who r to fill	orm page 2. must it out			
				ER FOR						

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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							
0/4									
٥١٥									
n In									
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							
Setens Inc.		PO DOR 2018 6rom Rapido, MI 49501-2003							
Orlando Fendual Credit Union		753 U. Alabaga Trail Orbada Fl 22828							
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	N=		<u> </u>	0/0					
ADDRESS OF BUSINESS ENTITY									
PRINCIPAL BUSINESS ACTIVITY									
POSITION HELD WITH ENTITY									
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS									
NATURE OF MY OWNERSHIP INTEREST									
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (requi	red):		DATE SIGNE	O (required):					
			6/1/2012						

### 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.

# **FILING INSTRUCTIONS:**

## 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 inwhich 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.

### 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, 2011.