

FINANCIAL INTERESTS

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

113196797

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Warren II, Gerald E

FOR OFFICE USE ONLY:

MAILING ADDRESS :

~~15642 Sw 14th Terrace Rd~~

1420 BADEN Powell RD  
Hawthorne, FL 32640

ID Code

ID No.

Conf. Code

P. Req. Code

SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

2012 JUN 14 AM 11:30

RECEIVED

CITY :

Ocala

ZIP :

34473 8903

COUNTY :

Marion County

NAME OF AGENCY :

Winter Park

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Electric Utility Director

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):



DECEMBER 31, 2011

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



DOLLAR VALUE THRESHOLDS

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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NONE		

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

(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			

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")

1. CONDO-2548 Woodgate Blvd #106, Orlando, FL 32822
2. Single Family Residence - 61 N Triplet Dr. Casselberry, FL 32707 (Warren Family Trust 1/3 Ownership)

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. - 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
ICMA Retirement Corp	PERSONAL
401(K) & 457 DEFERRED	
COMP. PLANS	

**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
NONE	

**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	NONE		
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 (required):**

**DATE SIGNED (required):**

Gerald E Warren II

6-~~10~~<sup>11</sup>-2011

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing a **signing and dating** sheet (pages 1 and 2)

If you have nothing to report in any section, you must still file a section(s).

**NOTE:**

**MULTIPLE FILING**

Generally, a person may file only one calendar or fiscal year Form 1 for each candidate who prevails in another public position. However, a candidate who prevails in another public position may file a Form 1 for his or her original position.

Would you please e-mail ✓ me & confirm receipt of this Form 1.

Thank you Jerry Warren

JWarren@cityofwinterpark.org



**WHAT TO FILE:**

Each local officer/employee, state and specified state employee must file a Form 1F within 30 days of the date of his or her appointment or of the beginning of employment. Candidates who must be confirmed by the Senate 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 a Form 1F at the same time they file their qualifying statement.

For local officers/employees, state and specified state employees are required to file a Form 1F by July 1st following each calendar year in which they hold their positions.

At the end of office or employment, a local officer/employee, state officer, and state employee is required to file a Form 1F (Final Statement of Financial Interests) within 60 days of leaving office or employment.

However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

page 3.

**Facsimiles will not be accepted.**