FORM 1	STATEM	ENT OF			20	011	E			
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	10	05 686	945					
LAST NAME - FIRST NAME - MIDDLE WILLIAMS	ENAME: Tracy	FOR OF								
MAILING ADDRESS:	135 St Rd		<del>depopulario</del>		· · · · · · · · · · · · · · · · · · ·					
Ocala +	7 34473 N	narion	100	ode	4.5					
CITY:	ZIP: COUNTY:		ID No	٥,	NA SE	200	Z			
Bang Lakes C	ommunity DeV.D	strict	Conf	Code	00 N	PR	M			
NAME OF OFFICE OR POSITION HE		P. Re	q. Code		23					
_ '	es on this form. Attach additional sheets, OR NEW EMPLOYEE OR AF					R				
						1 FFFFFF FO	m ţ			
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** SS UDISCLOSURE 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):										
OMPARATIVE (PERCENTAGE		D DOLLAR VA								
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		RCE'S RESS C C		CRIPTION OF						
The Dettona Cor	P. 8014 SW T	35 STRd	R	cal	E St	a-10	67			
	OCCULA F	1 34473								
			·····	4,2.,4,30.14-14-24-2						
			•							
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			CIPAL BU					
NA										
PART C REAL PROPERTY [Land, (If you have nothing to re	n - See Instructions p. 4]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.								
11/1		INSTRUCTIONS on who must								
		file this form and how to fill it out begin on page 3.								
			OTH	ER FORMS	S you ma	y need				

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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					
110								
NIM								
·								
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								
NAME OF CREDITOR		AUDRESS OF CREDITOR						
<u>                                   </u>								
*								
NAME OF BUSINESS ENTITY	ESSES [Ownership or position umust write "none" or "nia"] BUSINESS ENTITY # 1	ons in certain types of businesses - See in ) BUSINESS ENTITY # 2	BUSINESS ENTITY # 3					
ADDRESS OF BUSINESS ENTITY	L .							
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):  H20/20/20/2								
ETI INC INCEDITORS.								

### 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 Eteclions 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.

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.