

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2016

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

FOR OFFICIAL USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Clark, Howard Preston Jr.

MAILING ADDRESS :

2425 Cheri Lane

CITY :

Pembroke Park

ZIP :

33009

COUNTY :

Broward

NAME OF AGENCY :

Town of Pembroke Park

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

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 APPOINTEEBROWARD COUNTY  
SUPERVISOR OF ELECTIONS

2017 JUN 26 PM 1:31

\*\*\*\* 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, 2016 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (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]

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Bamboo Paradise M/H Park	2425 Cheri Lane Pembroke Park, FL 33009	Mobile Home and RV Lot Rentals
Dorothy K Clark Trust	2425 Cheri Lane Pembroke Park, FL 33009	Trust
H Clark Group, Inc.	2425 Cheri Lane Pembroke Park, FL 33009	Management Corporation
Town of Pembroke Park	3150 SW 52 Ave Pembroke Park, FL 33009	Commissioner

## PART B -- SECONDARY SOURCES OF INCOME

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

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	N/A		

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

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

1927 Primrose Lane, Wellington FL 33414

10 acres 2425 Cheri Lane, Pembroke Park FL 33009

2.5 Acres Indian River County, FL Oslo and Emerson Ave.

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.



**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

**PART E — LIABILITIES** [Major debts - See instructions]

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]

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

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

Bambro Paradise M/H Park

H Clark Group, Inc.

ADDRESS OF BUSINESS ENTITY

3425 Chen Lane  
Pembroke Park, FL 330093425 Chen Lane  
Pembroke Park, FL 33009

PRINCIPAL BUSINESS ACTIVITY

Mobile Home and RV Rentals

Management Company

POSITION HELD WITH ENTITY

Owner

President

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

Yes

Yes

NATURE OF MY OWNERSHIP INTEREST

Owner

Owner

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

**I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature:

R P M r

Date Signed:

6/19/17

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**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, write "none" or "n/a" in that section(s).

**NOTE:****MULTIPLE FILING UNNECESSARY:**

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**Facsimiles will not be accepted.****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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

**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** must file at the same time they file their qualifying papers.**Thereafter**, file by July 1 following each calendar year in which they hold their positions.**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

Continuation Part C  
"Real Property"

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

10 acres Indian River County, FL 441 and Yeehaw Junction

FILING INSTRUCTIONS for when  
and where to file this form are  
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this form and how to fill it out  
begin on page 3.

Continuation Part F  
 "Interests in Specified Businesses"

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Dorothy K Clark Trust	Dot C Properties
ADDRESS OF BUSINESS ENTITY	5198 SW 87 Ave Cooper City, FL 33328	5198 SW 87 Ave Cooper City, FL 33328
PRINCIPAL BUSINESS ACTIVITY	Management	Vacant Land
POSITION HELD WITH ENTITY	Trustee	Member
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Owner	Owner

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Dot C Properties LLC	
ADDRESS OF BUSINESS ENTITY	5198 SW 87 Ave Cooper City, FL 33328	
PRINCIPAL BUSINESS ACTIVITY	Vacant Land	
POSITION HELD WITH ENTITY	Member	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	Owner	