FORM 1

STATEMENT OF

2012

	or type your name, mailing ncy name, and position belo	w: L'INA	NCIAL		KESIS		FOR OFFICE USE ONLY:		
LAST NAME	FIRST NAME MIDDL	E NAME :			, '				
NAME IN CO. A.D.	DD500 :								
MAILING AD	DRESS:								
	COHEN, GEORGINA 200803								
CITY:	Pembroke Park								
	3110 SV								
NAME OF A	OF AGENCY: PEMBROKE PARK FL 33009								
			•						
NAME OF O	OF OFFICE OR POSITION HELD OR SOUGHT:								
You are not li	mited to the space on the li	nes on this form. Attac	h additional sheets	if necessary					
	Y IF CANDIDATE		EMPLOYEE OR A	-					
to the second se			TILLO OF OT						
DISCLOSUR		H PARTS OF	IHIS SECT	ION MUST	BE COM	PLETE	D ****		
THIS STATE	MENT REFLECTS YOU	R FINANCIAL INTE	RESTS FOR THE	PRECEDING	TAX YEAR, W	HETHER	BASED ON A CALENDAR		
		EASE STATE BELOV	W WHETHER TH	IS STATEMEN	T IS FOR THE	PRECED	ING TAX YEAR ENDING		
ETHER (mu:	st check one):)12 OR 🔲		TAXVEADIE		THEON			
	DECEMBER 31, 20)12 <u>OR</u> U	SPECIFY	IAX YEAR IF	OTHER THAN	THE CAL	ENDAR YEAR:		
MANNER OF	F CALCULATING REPO	RTABLE INTERES	TS:	FINIC THRESH			LUTE DOLLAR VALUES, WHICH		
REQUIRĖS I	FEWER CALCULATION	S, OR USING COM	PARATIVE THRE	SHOLDS, WHI	ICH ARE USU	ALLY BAS	ED ON PERCENTAGE VALUES		
(see instructi	ons for further details).								
	COMPARATIVE (P			or U		The same and the s	HRESHOLDS		
PART A P	RT A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE SOURCE'S OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY								
N	NAME OF SOURCE	1	sou	RCE'S	Ocabi of	DESC	CRIPTION OF THE SOURCE'S		
		2 1 21	1		1. /	PRI	NCIPAL BUSINESS ACTIVITY		
Tous)	of rembroke		50 SW.	50 AV	245T	1/160	Ir layor		
Bambo	o Lakes Ma	hile home	, , , , , , , , , , , , , , , , , , , ,	31)0 SW		Mais	ager of Park		
			\ \ \	20 mbro Ke	fersk fil		0		
Sandara desprésable sus autre de l'étant par							The second section of the second section of the second section of the second section of the second section sec		
[SECONDARY SOURCES Major customers, clients, If you have nothing to re	and other sources of		ses owned by th	ne reporting per	son - See	instructions]		
	NAME OF . I	NAME OF MAJO	R SOURCES] A	DDRESS	. 1	PRINCIPAL BUSINESS		
₿US	SINESS ENTITY	OF BUSINESS	S' INCOME	OF	SOURCE		ACTIVITY OF SOURCE		
		.//^							
		N/17							
					- I - J. A. W. T				
PART C R	REAL PROPERTY [Land,	buildings owned by t	he reporting perso	n - See instructi	ions]·		2 INCTRUCTIONS		
	(If you have nothing to report, you must write "none" or "n/a") FILING INSTRUCTIONS for when and where to file the								
	1/2					form are located at the bottom of page 2.			
							RUCTIONS on who must		
	 						is form and how to fill it egin on page 3.		
i l									

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, you must write "none" or "n/a")									
TYPE OF INTANGIBL									
110 2 01 110 110 110	/ /	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Λ	/ /A								
PART E — LIABILITIES [Major debts - See instructions]									
(If you have nothing to report, you must write "none" or "n/a")									
NAME OF CREDITO	DR /	ADDRESS OF CREDITOR							
	1/H								
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]									
(if you have nothing to re	eport, you must write "none" or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3						
NAME OF BUSINESS ENTITY		DOGINEOU EIVITT II Z	DOUNTED LIVIN # 3						
ADDRESS OF BUSINESS ENTITY	/								
PRINCIPAL BUSINESS ACTIVITY	//								
POSITION HELD WITH ENTITY	1/1/								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	/								
NATURE OF MY OWNERSHIP INTEREST	/								
	HROUGH E ARE CONTINUED	ON A SEDADATE CUEET D	LEACE CHECK HERE						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): DATE SIGNED (required):									
	C. Cohen								
Jeogina	(. (ohla	6/4/201	3						
FILING INSTRUCTIONS:									
WHAT TO FILE: WHEN TO FILE:									
After completing all parts of this form, If you were mailed the form by the Commission <i>Initially</i> , each local officer/emploincluding signing and dating it, send back on Ethics or a County Supervisor of Elections state officer, and specified state employed									

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.

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.

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.

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, 2012.