FORM 1	STATEMENT OF	2016			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTEREST	S FOR OFFICE USE ONLY:			
LAST NAME - FIRST NAME - MIDDLE	NAME: Ann				
MAILING ADDRESS: J 3110 S.W. 2414 Stree	+				
Pembroke Park FL,	ZIP: COUNTY: 33009 Broward				
NAME OF AGENCY TOWN OF					
name of office or position Hell					
	s on this form. Attach additional sheets, if necessary.				
CHECK ONLY IF 🔲 CANDIDATE					
**** BOTH DISCLOSURE PERIOD:	**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****				
THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS FOR THE PRECEDING TAX YE SE STATE BELOW WHETHER THIS STATEMENT IS FO				
DECEMBER 31, 201	6 <u>OR</u> CI SPECIFY TAX YEAR IF OTHER 1	THAN THE CALENDAR YEAR:			
MANNER OF CALCULATING REPO FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	S REPORTING THRESHOLDS THAT ARE ABSOLUTE DO RATIVE THRESHOLDS, WHICH ARE USUALLY BASED (DLLAR VALUES, WHICH REQUIRES FEWER ON PERCENTAGE VALUES (see instructions			
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			
Town of Rembroke Purk	3015 SW. 5218 AJE Ronbuck Book 33023	Commissioner			
Bamboo Lafes Mibile thin Furk	" 3110 S.D. 241" Street, Pembroke &				
Kannoo Hije /terk	3110 S.W. 241" STreet, Vempore 4 72,33	023 Muniger.			
PARTB 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 ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
	NA				
	dings owned by the reporting person - See instructions]				
(If you have nothing to report	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
4815 55th Vero Seach -	 INSTRUCTIONS on who must file this form and how to fill it out 				
		begin on page 3.			
CEEC6244 - Etherbar Servery 1, 2017	(Continued or resurse side)				

PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, write		s of deposit, etc See i	nstructions]
TYPE OF INTANGIBLE		BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES
	1/t		
PART E — LIABILITIES [Major debts - See instru (If you have nothing to report, write			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Loancare Mortage O.	PD. Box	37628, F	iludelpin, PA. 19101-060
V 40			, _,
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "r	none" or "n/a")	is in certain types of bu S ENTITY # 1	sinesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	I I/A		BUSINESS FINTILY # 2
ADDRESS OF BUSINESS ENTITY	i]/A		
PRINCIPAL BUSINESS ACTIVITY	NA		
POSITION HELD WITH ENTITY	N.A.		
LOWN MORE THAN A 5% INTEREST IN THE BUSIN	NESS NA		
NATURE OF MY OWNERSHIP INTEREST	NA		
IF ANY OF PARTS A THROUGH G		11	
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY	
Signature:		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:	
Meogene G. Colon.		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.	
Date Signed: 6/7/2017		CP/VAttorney Signature:	
		Date Signed:	
	FILING INSTR	UCTIONS:	
WHAT TO FILE:	WHERE TO FILE:		WHEN TO FILE:
After completing all parts of this form, <u>including</u> <u>signing and dating it</u> , send back only the first sheet (pages 1 and 2) for filing.	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.		<i>Initially</i> , 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
If you have nothing to report in a particular section, write "none" or "n/a" in that section(s). Local officers/employ Supervisor of Elections of permanently reside. (If y		he county in which they	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
NOTE: reside in Florida, file v MULTIPLE FILING UNNECESSARY: county where your ages		the Supervisor of the	Candidates must file at the same time they file their qualifying papers.
A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.	State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical		Thereafter, file by July 1 following each calendar year in which they hold their positions <i>Finally</i> , file a final disclosure form (Form 1F)
Facsimiles will not be accepted. 13709, Talianassee, FL address: 325 John Knox 200, Tallahossee, FL 323 Candidates file this for qualifying papers.		toad, Building E, Suite	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 CL. Form 1 if the filer was in his or her position on December 31, 2016.

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