TODM 1				2042	
FORM 1	STATEM	ENI OF		2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE	NAME:				
Mohammed, Ashi:	ra	96728			
MAILING ADDRESS:	•	1			
4891 SW 36th Ct					
	•	i .			
CITY:			•		
	33023 Broward				
NAME OF AGENCY:				•	
Town of Pembroke Paname of Office or Position Held	irk Orsought:				
Commission	·			•	
You are not limited to the space on the lines	on this form. Attach additional sheets,	if necessary.			
CHECK ONLY IF CANDIDATE	DR NEW EMPLOYEE OR AF	POINTEE		•	
**** BOTH	PARTS OF THIS SECTI	ON MUST BE COM	IPLETE	D ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR I	INANCIAL INTEDESTS FOR THE	PRECEDING TAY VEAR A		BACED ON A CALENDAD	
YEAR OR ON A FISCAL YEAR. PLEAS	SE STATE BELOW WHETHER THI	S STATEMENT IS FOR THE	E PRECE	ING TAX YEAR ENDING	
EITHER (must check one):					
DECEMBER 31, 2012		TAX YEAR IF OTHER THAI	N THE CAL	ENDAR YEAR:	
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS	ABLE INTERESTS: THE OPTION OF USING REPORT	ING THRESHOLDS THAT A	REABSO	LUTE DOLLAR VALUES WHICH	
REQUIRES FEWER CALCULATIONS, (see instructions for further details). CH	OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USL	JALLY BAS	SED ON PERCENTAGE VALUES	
•	•		VALUE	THRESHOLDS	
PARTA - PRIMARY SOURCES OF INC					
(if you have nothing to report	t, you must write "none" or "n/a")	o reporting person. Gee main	300000		
NAME OF SOURCE SOURCES OF INCOME ADDRESS			DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY		
OFINCOME					
Town of Pembroke Par			Commission		
Huron Consulting	n Consulting 2850 N Commerce Pky, 1			galomend	
		<u> </u>	l		
PARTB - SECONDARY SOURCES OF IMajor customers, clients, and	other sources of income to business	es owned by the reporting pe	rson - See	instructions]	
(If you have nothing to repo	rt, write "none" or "n/a")				
NAME OF				PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS INCOME	OFSOURCE		ACTIVITY OF SOURCE	
The the Managed of a					
	· ·		· ·		
PART C REAL PROPERTY [Land, bui (If you have nothing to repor	- See instructions]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
801 Sea Urchin Cir,					

INSTRUCTIONS on who must

file this form and how to fill it

out begin on page 3.

782-4 Alabama Rd. S , Lehigh Acres , FL

6014 Thorpe Ave, Lehigh Acres, FL

PART D — INTANGIBLE PERSONAL P (If you have nothing to rep	ROPERTY [Stoc ort, you must w	ks, bonds, certit ite "none" or '	icates of deposit, etc See instri 'n/a")	uctions]		
TYPEOFINTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PARTE — LIABILITIES [Major debts - (If you have nothing to repo		ite "none" or "	n/a'')			
NAME OF CREDITOR			ADDRESS	OF CREDITOR		
Fedloan		PO Box	69184 Harrisbur	g PA 17106		
ACS		PO Box	7051 Utica, NY	13504		
1			,			
PART F — INTERESTS IN SPECIFIED BU	JSINESSES [Ow	nership or posit	ions in certain types of businesses	s - See instructions]		
	BUSINESS		BUSINESS ENTITY #	BUSINESS ENTITY #3		
NAME OF BUSINESS ENTITY						
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 THRO	DUGH F ARE	CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required): DATE SIGNED (required):						
al a	\mathcal{L}	· · · · · · · · · · · · · · · · · · ·	6/24/2013	3		
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, 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.

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.

 ${\it Candidates}$ 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, 2012.