CE FORM 1 - Effective: Jenuary 1, 2013, Refer to Rule 34-6,202(1), R.A.C.

| FORM 1 | | 2012 | | | | | | | | |
|--|--|-------------------------|--------------|---|--|--|--|--|--|--|
| | STATEM | | | _ | | | | | | |
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTER | STS | | FOR OFFICE USE ONLY: | | | | | |
| LAST NAME - FIRST NAME - MIDDLE NAME: | | | | | | | | | | |
| MAILING ADDRESS : | | | | | ા જ | | | | | |
| 1 | | , 1 | '' | | 2013 JUN -3 BROWARD SUPERVISOR | | | | | |
| Duke, Walter 22790 | • !! | | ROSE ROSE | | | | | | | |
| CITY: Dania Beach : 発力 い 2860 Marina Mile Rd #109 | | | | | | | | | | |
| Duke, Walter 227907 CITY: Dania Beach 2860 Marina Mile Rd #109 NAME OF AGENCY Ft Lauderdale FL 33312 NAME OF OFFICE OR POSITION HELD OR SOUGHT: | | | | | | | | | | |
| | | | | | 2: 1 ECT | | | | | |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT: | | | | | | | | | | |
| You are not limited to the space on the lines on th | | | | | | | | | | |
| CHECK ONLY IF | | PPOINTEE | | | | | | | | |
| **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** | | | | | | | | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAN | ICIAL INTERESTS FOR THE | PRECEDING TAX | YEAR, WH | ETHER | 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, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: | | | | | | | | | | |
| MANNER OF CALCULATING REPORTABL | E INTERESTS: | Wo zusenijol si | | ARĖO | III ITE GOT MENTE I IEO-INUICU | | | | | |
| MANNER OF CALCULATING REFORMANCE INTEREST 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: OR DOUGAR VALUE THRESHOLDS | | | | | | | | | | |
| PART 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/e") | | | | | | | | | | |
| NAME OF SOURCE SOURCE'S OF INCOME ADDRESS | | | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | | | |
| Clobus, McLemve : Duke. The | bus, M-lemve : Duke, The 2860 Marine Mile, Suite 109 | | | | Connecial real estate | | | | | |
| | Danis Beach, F | 333(2 | | appro | usals - macket study | | | | | |
| | | <u> </u> | | | | | | | | |
| | l | | | | | | | | | |
| 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, w | • | İ | : : | | | | | | | |
| | e of Major Sources f-Business-Income | ADDR OF 80 | RESS : | ٠, | Principal Business Activity of Source | | | | | |
| NIA | , | 7 | | | | | | | | |
| | | ! | ! ! | | | | | | | |
| | | | i | | | | | | | |
| PART C REAL PROPERTY (Lend, building (if you have nothing to report, yo | · | FILING INSTRUCTIONS for | | | | | | | | |
| 215 SE ZNO Street, DANIA BEACH, FL 32004 | | | | | when and where to file this form are located at the bottom | | | | | |
| 50% NON homestead interest IN 2221 SW 98th Terrie, Davie | | | | | ge 2. | | | | | |
| , | | | | | INSTRUCTIONS on who must file this form and how to fill it | | | | | |

| 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 INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | | |
| Stocks | | Fide | | Invest. | | | | | |
| | | | | Í | 11 | | | | |
| | | | | ; | | | • | | |
| PART E — LIABILITIES [Mejor debte - See Instructions] (If you have nothing to report, you must write "none" or "n/a") | | | | | , ' | | | | |
| NAME OF CREDITOR | | | | ADD | RE88 OF | CRE | DITOR | | |
| N/A | | | | | i | | · | | |
| | | | - | | 7 T | | | | |
| | | | | | 1 | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See Instructions) (If you have nothing to report, you must write "none" or "n/a") | | | | | | | | | |
| | BUSINESS | ENTITY#1 | E | USINESS EN | rity#2 | | BUSINESS ENTITY # 8 | | |
| NAME OF BUSINESS ENTITY | NIA | | | <u> </u> | 1 !] | • | | | |
| ADDRESS OF BUSINESS ENTITY | | | | , | . ; | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | | ! } | | | | |
| POSITION HELD WITH ENTHY | | | | | | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | 7 | | | | il | | | | |
| NATURE OF MY OWNERSHIP INTEREST: | | - | | | | | | | |
| IF ANY OF PARES A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | | | | | |
| SIGNATURE //equi | <u>red):</u> | | 1 | DATE: | SIGN | ED. | (required): | | |
| | | | | ; | <u> </u> | 5-8 | 29-(3 | | |

FILING INSTRUCTIONS

WHAT TO FILE:

After completing all parts of this form, including aigning and dating it, send back only the first sheet (pages 1 and 2) for filling.

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 flacal 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 filling, 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.

WHEN TO FILE:

initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of tils 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.

<u>Candidates</u> for <u>publicly-elected local office</u> Imust file at the same time they file their dualifying 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 localitions.

Finally, at the end of office or employment, each local officer/employes, 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, filling a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filling a CE Form 1 if he or she was in their position on December 31, 2012.