


FORM 1	STATEMENT OF FINANCIAL INTERESTS	2013	
Please print or type your name, mailing address, agency name, and position below:		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE NAME :		<div style="font-size: large; transform: rotate(-15deg);"> 2014 JUN 24 PM 12:26 SUPERVISOR OF ELECTIONS </div>	
MAILING ADDRESS :			
CITY :	ZIP :		COUNTY :
NAME OF <u>Albert Jones</u> 62822 722 Sw 3rd St			
NAME OF <u>Dania Beach</u> FL 33004 Dania Beach			
You are not <input type="checkbox"/> CANDIDATE OR <input type="checkbox"/> NEW EMPLOYEE OR APPOINTEE		Additional sheets, if necessary.	
*** 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): <input type="checkbox"/> DECEMBER 31, 2013 OR <input type="checkbox"/> 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: <input type="checkbox"/> COMPARATIVE (PERCENTAGE) THRESHOLDS OR <input checked="" type="checkbox"/> 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	
Pension	Florida Retirement System	Distribution of Retirement Benefits	
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
A/C Jones Apartments	Ft. Laud. Housing Authority	500 W. Sunrise Blvd Ft. Laud.	Public Housing
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			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.
17 NW 6th Avenue, Dania Beach			
34 NW 7th Avenue, Dania Beach			

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	
Stock	1st United Bank	
PART E — LIABILITIES (Major debts - See Instructions) (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
Wells Fargo Home mortgages, N.A.	P.O. Box 6995, Portland, Oregon 97228-6995	
BankUnited	P.O. Box, 660823-0923, Dallas, Tx. 75266-0923	
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")		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	N/A
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 THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE <input type="checkbox"/>		
SIGNATURE (required):		DATE SIGNED (required):
		06.18.14
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.		
Signature	Date	
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. <i>Local officers/employees</i> 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.) <i>State officers or specified state employees</i> file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 326 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. <i>Candidates</i> 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: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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. <i>Candidates</i> for publicly-elected local office must file at the same time they file their qualifying papers. <i>Thereafter</i> , 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. <i>Finally</i> , 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, 2013.