FORM 1	STATEM	ENT OF	2012					
Please print or type your name, mailing address, agency name, and position belo	FINANCIAI	INTERESTS	FOR OFFICE USE ONLY:					
LAST NAME - FIRST NAME - MIDDI FLURY PATRICIA	E NAME:							
MAILING ADDRESS: 450 S. E. 7 St			SUPERVIC					
DANIA BEACH	FL 33004		SOLA ELOS ORONARIOS CELECTION OF ELECTION					
Flury, Patricia A. 65177 Dania Beach			OS FILMA IS DUA EIDE					
NAME OF AGENCY: 450 Se 7t	h St Apt 210 ach, FL 33004		081,,,,					
You are not limited to the spece on the li	, If necessary. PPOINTEE							
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): DECEMBER 31, 2012 OR DEPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS 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: COMPARATIVE (PERCENTAGE) THRESHOLDS. OR DOLLAR VALUE THRESHOLDS								
PART A - PRIMARY SOURCES, OF I	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/a")							
NAME OF SOURCE OF INCOME	. Sou	RCE'S RESS	DESCRIPTION OF THE SOURCE'S FRINCIPAL BUSINESS ACTIVITY					
MEMORIAL HEXTHENRE	3501 JOHN SON	st	I HOLTHCARE					
System.	Awd. Fl.							
Social Security								
DIVIDENDS / INTEREST	MISE !							
PART B - SECONDARY SOURCES OF INCOME [Mejor customers, cliente, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/e") NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE								
-	-	- ;						
	,							
PART C - REAL PROPERTY (Land, buildings owned by the reporting person - See Instructions) (If you have nothing to report, you must write "none" or "n/a") FILING INSTRUCTIONS for								
1045 ADAMS D.2.		when and where to file this form are located at the bottom of page 2.						
	INC, FLA.	4.	INSTRUCTIONS on who must					
" Avon PAR	file this form and how to fill it out begin on page 3.							

PART D — INTANGIBLE PERSON (If you have nothing t	IAL PROPERTY o report, you mu	(Slocks, bonds, certif ist write "none" or "	icates of deposit, etc See instr n/a")	ructions)			
TYPE OF INTANGIBLE			BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Stock		MORGA	u Stanley				
Stock/Bonds		UBS WE	UBS WEALTH MGT.				
ر در دم دول درمه درمه درمه درمه درمه درمه درمه درمه	4.4		· · · · · · · · · · · · · · · · · · ·				
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instruct	ions) st write "none" or "i	n/a")				
NAME OF CREDIT	• • • • • • • • • • • • • • • • • • • •	1 .	·	OF CREDIT	· · · ·		
			ADDRESS OF CREDITOR				
NONE	<u> </u>						
	-		•				
PART F — INTERESTS IN SPECIFICATION (If you have nothing to	ed Businesses	i (Ownership or posit write "none" or "n/a	ions in certain types of businesse ")	ia - 6ee Instruc	tione)		
	BUSIN	ESS ENTITY # 1	BUSINESS ENTITY	# 2	BUSINESS ENTITY #3		
NAME OF BUSINESS ENTITY	Communit	y Bk. BRD					
ADDRESS OF BUSINESS ENTITY	Down BE	nett					
PRINCIPAL BUSINESS ACTIVITY	134016				***************************************		
POSITION HELD WITH ENTITY	ب له صع						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST	1-5 %						
		APE CONTINUE	D ON A SEPARATE SHE	ET DI EAS	E CHECK HEDE D		
SIGNATURE (requi		ARE COMMITTEE	DATE SIG				
			aug.	-			
fut A	lung	•	· · · · · · · ·	, 20,	,		
	F	LING IN	STRUCTIONS	•			
WHAT TO FILE:) (2.2	WHERE TO			TO FILE:		
After completing all parts of this form, if		If you were malled the form by the Commission		Initially, each local officer/employee,			
including signing and dating only the first sheet (pages 1 and	<u>lf.</u> send betk d 2) for filing.	for your annuel of	unty Supervisor of Elections disclosure filing, return the	must file :	er, and specified state employed within 30 days of the date of		
if you have nothing to report	1	form to thet location	* ***	his or her	appointment or of the beginning ment. Appointees who must be		
section, you must write "none" (Supervisor of El	employees file with the lections of the county in	confirmed	by the Senete must file prior to n, even if that is less then 30		
section(s).	•		neatly reside. (If you do not the land Floatde, file with the	days from	the date of their appointment		
NOTE: Su		Supervisor of the	upervisor of the county where your agency as its headquartem.)		Candidates for publicly-elected local office		

Generally, a person who has filed Form 1 for a calendar or fiscal year la not required to 'file 'a second Form '1' for the same yaar. However, a candidate who previously flied Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

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.

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.