## FORM 1 2015 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : MAILING ADDRESS: CITY: 7ID · COUNTY: Winston Barnes 86247 NAME Miramar 2721 Laguna Way NAME Miramar, FL 33023 You are not limited to the space on the lines on this form. Attach additional sheets, if necessary, CHECK ONLY IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE \*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\* 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, 2015** OR 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 (must check one): **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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 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 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, write "none" or "n/a")

2721 LAQUNA WAY

MIRAMAR, FL. 33025

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.

	459	of Januarit als Can inch	nuctions)
PART D — INTANGIBLE PERSONAL PROPERTY [S	ne" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
SHARES JA		NUS	
		305.00 Sec. 195.00 (195.00)	N
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "no	ns] ne" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Nonz		NA	
			THE STREET WHITE STREET
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "non	le" of "fi/a")	ns in certain types of bus S ENTITY # 1	inesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	-		A CONTRACTOR OF THE CONTRACTOR
ADDRESS OF BUSINESS ENTITY	1		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINES	S		
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers required to complete	annual ethics training pu	revant to section 112.3147	2, F.S.
		A STATE OF THE PARTY OF THE PAR	UIRED TRAINING.
IF ANY OF PARTS A THROUGH G A	RE CONTINUED O	N A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY	
Signature:		If a certified public accountant licensed under Chapter 473, or attom in good standing with the Florida Bar prepared this form for you, he she must complete the following statement:	
		I, prepared the Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief, disclosure herein is true and correct.	
Date Signed:		CPA/Attorney Signature:	
06.14.16		Date Signed:	
	FILING INST	RUCTIONS:	COLUMN TO THE PERSON OF THE PE
WHAT TO FILE:	WHERE TO FILE:		WHEN TO FILE:
After completing all parts of this form including	If you were mailed the f on Ethics or a County St	orm by the Commission upenvisor of Elections for	Initially, each local officer/employee, state of and specified state employee must file was a day, of the date of his or her appoint

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:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

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

en 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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calenda year in which they hold their positions.

Finally, file a final disclosure form (Form 1F within 60 days of leaving office or employment Filling a CE Form 1F (Final Statement of Financia Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position or December 31, 2015.