| FORM 1   | STATEM   | IENT OF                                   |   | 2012   |  |
|--|--|---|---|--|--|
| Please print or type your name, mailing address, agency name, and position below:  | print or type your name, mailing, agency name, and position below:           |   | S FOR OFFICE USE ONLY:  |  |  |
| LAST NAME - FIRST NAME - MIDDLE NAM  | AE:  |   | _   |  |  |
| MAILING ADDRESS :  |  |   |   |  |  |
| Jacobs, Ronald 2   |  |   | 2013 JUN 14<br>BROWARD<br>SUPERVISOR  |  |  |
| City: Plantation<br>1700 Nw 93rd Te  |  |   | SAN JUNE  |  |  |
| NAME OF AGENCY: Plantation FL 333  |  |   | <u> </u>  |  |  |
| NAME OF OFFICE OR POSITION HELD OR   |  |   | الله النابة المالية ا<br>المالية المالية المالي |  |  |
| You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OR  | s, if necessary.<br>APPOINTEE  |   | 3. 08<br>4: 08  |  |  |
| Company of the same of the sam | ARTS OF THIS SECT  | TON MUST BE COM                           | PLETI   |  |  |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA YEAR OR ON A FISCAL YEAR. PLEASE S EITHER (most check one); DECEMBER 31, 2012   | ANCIAL INTERESTS FOR THE<br>STATE BELOW WHETHER TH                           | E PRECEDING TAX YEAR, W                   | VHETHER<br>E PRECEI   | R BASED ON A CALENDAR<br>DING TAX YEAR ENDING  |  |
| MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR (see instructions for further details). CHECK COMPARATIVE (PERCE  | EOPTION OF USING REPORT<br>USING COMPARATIVE THRE<br>K THE ONE YOU ARE USING | e:<br>Qr [] dollar:                       |   | DLUTE DOLLAR VALUES, WHICH<br>SED ON PERCENTAGE VALUES<br>THRESHOLDS   |  |
| PART A PRIMARY SOURCES OF INCOME<br>(If you have nothing to report, you  | E [Major sources of Income to the  | he reporting person - See Instru          | ctions]   | THE PARTY OF THE P |  |
| NAME OF SOURCE<br>OF INCOME  |  | JRCE'S<br>DRESS                           |   | SCRÍPTION OF THE SOURCE'S<br>RINCIPAL BUSINESS ACTIVITY  |  |
| RZMZCLLP   | 1700 NW 93 TER   | PLANTATION FC                             |   | U MENTS REAL COMMONE   |  |
|  |  |   |   |  |  |
|  |  |   |   |  |  |
| PART B SECONDARY SOURCES OF INC<br>[Major ouetomere, ollente, and oth<br>(If you have nothing to report, v   | ier cources of Income to busines   | izes owned by the reporting per-          | son - See   | instructions]  |  |
|  | ME OF MAJOR SOURCES<br>OF BUSINESS' INCOME                                   | ADDRESS<br>OF SOURCE                      | ***************************************   | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE   |  |
| MONE   |  |   |   |  |  |
|  |  |   |   |  |  |
| And Annual Control of the Control of | or the war of green property and a second property of                        | · · · · · · · · · · · · · · · · · · ·     | ***********   | Control Contro |  |
| PART C REAL PROPERTY (Land, building (if you have nothing to report, you   |  |   |   | G INSTRUCTIONS for and where to file this  |  |
| NOVE   |  | form are located at the bottom of page 2. |   |  |  |
|  |  |   | file th   | RUCTIONS on who must<br>ils form and how to fill it<br>agin on page 3.   |  |

| PART D — INTANGIBLE PERSON<br>(If you have nothing to   | IAL PROPERTY [Slo<br>p report, you must w    | cks, bonds, certificate:<br>vrite "none" or "n/e") | s of deposit, etc See instru   | ctions]               |   |  |  |
|---|--|--|--|-----------------------|---|--|--|
| TYPE OF INTANGIBLE  |  | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES      |  |                       |   |  |  |
| DHEPLERSHIP THIS  | REST   | R2M2   | LLCP   |                       |   |  |  |
| <u>, , , , , , , , , , , , , , , , , , , </u>   |  |  |  |                       | -                                       |  |  |
|   |  |  | ······································   |                       |   |  |  |
| PART E — LIABILITIES [Me]or de<br>(If you have nothing to   | bts - See instructions<br>report, you must w | ]<br>/rite "none" or "n/e")                        | and the second s | terse of the district | 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |  |  |
| NAME OF CREDITOR  |  | ADDRESS OF CREDITOR                                |  |                       |   |  |  |
| NONE  |  |  |  |                       |   |  |  |
|   |  |  |  |                       |   |  |  |
|   |  |  |  |                       | MA                                      |  |  |
| 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 BUSINESS ENTITY # 2 BUSINESS ENTITY # 9 |  |  |  |                       |   |  |  |
| NAME OF BUSINESS ENTITY   |  |  |  |                       |   |  |  |
| ADDRESS OF BUSINESS ENTITY  |  |  |  |                       | •-                                      |  |  |
| PRINCIPAL BUSINESS ACTIVITY   |  |  |  |                       |   |  |  |
| POSITION HELD WITH ENTITY   |  | 1377   |  |                       |   |  |  |
| I OWN MORE THAN A 5%  |  |  |  |                       |   |  |  |
| INTEREST IN THE BUSINESS NATURE OF MY   |  |  |  |                       |   |  |  |
| OWNERSHIP INTEREST  | TUROUGH E AR                                 | E CONTINUED C                                      | NIA CEDADATE CHE   | T, PLEASE CHECK HER   | a                                       |  |  |
| SIGNATURE (regul  | <u></u>                                      | E CONTINUED C                                      |  | NED (required):       |   |  |  |
| SIGNATURE (redui  | her  |  | JUNE   | (2, 2-013             |   |  |  |
| 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 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 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.

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 papere.

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.