FORM 1	STATEME	ENT OF	2015		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL II	NTERESTS	FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MID	ole name:		_		
MAILING ADDDESS:	d, Sca Ranch Lakes Fi	_38308			
	t .				
CITY : Caroline Guida 55493	COUNTY:				
NAME Sea Ranch Lakes Village	Parallel Control of the Control of t				
NAME Sea Ranch Lks, FL 33308					
_ *	lines on this form. Attach additional sheets, i				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR AP	POINTEE			
DISCLOSURE PERIOD:	H PARTS OF THIS SECTIO	N <u>MUST</u> BE COI	MPLETED ****		
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FOR THE LEASE STATE BELOW WHETHER THIS		R, WHETHER BASED ON A CALENDAR THE PRECEDING TAX YEAR ENDING		
DECEMBER 31,	2015 <u>OR</u> D SPECIFY T	AX YEAR IF OTHER TH	AN THE CALENDAR YEAR:		
CALCULATIONS, OR USING COM	SING REPORTING THRESHOLDS THAT	E USUALLY BASED ON	AR VALUES, WHICH REQUIRES FEWER PERCENTAGE VALUES (see instructions		
COMPARATIVE (PERCENTAGE) THRESHOLDS OR D DOLLAR VALUE THRESHOLDS					
	INCOME [Major sources of income to the apport, write "none" or "n/a")	reporting person - See inst	ructions]		
NAME OF SOURCE OF INCOME	SOURC ADDRE		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
aroline Brans Guida	3 Gatehouse Randy	Sea Ranch	psychothempist/social		
LCSWILLC	lates, FL 37	330r	horlier		
PART B - SECONDARY SOURCES	OF INCOME				
[Major customers, clients,	and other sources of income to businesses eport, write "none" or "n/a")	owned by the reporting pe	rson - See instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
none					
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.		
none			INSTRUCTIONS on who must file		
		Alexander	this form and how to fill it out begin on page 3.		

PART D INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write '		es of deposit, etc See in	structions]	
TYPE OF INTANGIBLE	11/4 /	BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES	
Money Market Funds	fidelity.	Brerbankssunt	hst/stocks & Bonds with	
IRA	Varquar	1	Moran stanley	
PART E LIABILITIES [Major debts - See instru				
(If you have nothing to report, write	'none" or "n/a")			
NAME OF CREDITOR		ADDRE	RESS OF CREDITOR	
none				
PART F INTERESTS IN SPECIFIED BUSINESSI	S [Ownership or positio	ons in certain types of bu	sinesses - See instructions]	
(if you have nothing to report, write "n	ione" or "n/a") BUSINES	SS ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	nov	1e	none	
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSIN	ESS			
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING For elected municipal officers required to comple	to annual athice training ou	imposit to section 112 314	2 55	
			UIRED TRAINING.	
CERTIFY THA	THAVE COMPL	LETED THE NEC	ONLE HOMANO.	
IF ANY OF PARTS A THROUGH G	ARE CONTINUED O	N A SEPARATE SH	EET, PLEASE CHECK HERE	
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY		
Signature:		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:		
Caroline Erans Him	la	I, /V / , prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the		
Siego de la companya del companya de la companya del companya de la companya de l		Instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.		
Date Signed:		NA		
6/24/2016		CPA/Attorney Signatu	re:	
		Date Signed:		
	FILING INST	RUCTIONS:		
WHAT TO FILE:	WHERE TO FILE:	to the Occasion	WHEN 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 were mailed the form on Ethics or a County Su your annual disclosure file that location.		pervisor of Elections for	initially, each local officer/employee, state officer and specified state employee must file within	
		or of the beginning of employment. Appointees		
If you have nothing to report in a particular	Local officers/emplo		who must be confirmed by the Senate must file prior to confirmation, even if that is less than	
section(s). permanently reside		the county in which they ou do not permanently	30 days from the date of their appointment	
NOTE:	reside in Florida, file with county where your agenc	h the Supervisor of the	Candidates must file at the same time they file their qualifying papers.	
NOTE: County where your agency		,	Thereafter, file by July 1 following each calenda	

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 regulred to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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, Taliahassee, FL 32303.

Candidates file this form together with their qualifying papers.

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

year in which they hold their positions.

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