

**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 :

MAILING ADDRESS :

CITY :

Howard Clark 23475

NAME OF AGENCY :

2425 Cheri Lane  
Pembroke Park FL 33009

NAME OF OFFICE OR POSIT Pembroke Park

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 \*\*\*\***

**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, 2013 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:

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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY
Bamboo Paradise Hill Park	2425 Sheri Lane Pembroke Park FL 33009	Mobile Home and RV Rentals lot
Dorothy K. Clark Trust	2425 Cheri Ln Pembroke Park FL 33009	Trust
H Clark Group, Inc	2425 Cheri Ln Pembroke Park FL 33009	Corporation Management

**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
	N/A		

**PART C -- REAL PROPERTY** (Land, buildings owned by the reporting person - See instructions)  
(If you have nothing to report, write "none" or "n/a")

1927 Primrose In Wellington FL 33414  
10 Acres 2425 Cheri Ln Pembroke Park FL 33009  
2.5 Acres Indian River County Oslo and Emerson Ave

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.

**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 N/A BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR N/A ADDRESS OF CREDITOR

**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
HClack Group, Inc	2425 Cheryl Park FL 33009	Bamboo Paradise w/h Park
2425 Cheryl Park FL 33009	Management	2425 Cheryl Park FL 33009
Management	President	Mobile Home lots Rental
POSITION HELD WITH ENTITY	Yes	Owner
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Owner	Yes
NATURE OF MY OWNERSHIP INTEREST		Owner

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE (required):**

LD P M R

**DATE SIGNED (required):**

6/24/14

I, LD P M R, prepared the CE Form 1 in accordance with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, LD P M R, 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

**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.

**FILING INSTRUCTIONS:**

**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; 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 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 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, 2013.

Continuation of Part A  
 "Primary Source of Income"

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
Town of Pembroke Park	3150 S.W. 52 Ave Pembroke Park FL 33009	Commissioner

Continuation Part C  
" Real Property "

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

10 Acres Indian River County 441 and Yeehaw Junction

Continuation Part F  
 "Interests in Specified Businesses"

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 #
ADDRESS OF BUSINESS ENTITY	Dorothy K Clark Trust 5198 SW 87 Ave Cooper City FL 33328
PRINCIPAL BUSINESS ACTIVITY	Management Trustee
POSITION HELD WITH ENTITY	Member
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes
NATURE OF MY OWNERSHIP INTEREST	Owner

NAME OF BUSINESS ENTITY	BUSINESS ENTITY #
ADDRESS OF BUSINESS ENTITY	Dot C Properties LLC 5198 SW 87 Ave Cooper City FL 33328
PRINCIPAL BUSINESS ACTIVITY	Vacant land
POSITION HELD WITH ENTITY	Member
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes
NATURE OF MY OWNERSHIP INTEREST	Owner

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 #
ADDRESS OF BUSINESS ENTITY	Dot C Oaks LLC 5198 SW 87 Ave Cooper City FL 33328
PRINCIPAL BUSINESS ACTIVITY	Vacant land
POSITION HELD WITH ENTITY	Member
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes
NATURE OF MY OWNERSHIP INTEREST	Owner

NAME OF BUSINESS ENTITY	BUSINESS ENTITY #
ADDRESS OF BUSINESS ENTITY	Dot C Properties LLC 5198 SW 87 Ave Cooper City FL 33328
PRINCIPAL BUSINESS ACTIVITY	Vacant land
POSITION HELD WITH ENTITY	Member
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes
NATURE OF MY OWNERSHIP INTEREST	Owner