

# Form 9

## QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: CLARK, JR., HOWARD P.			NAME OF AGENCY: TOWN OF PEMBROKE PARK	
MAILING ADDRESS: 3150 SW 52 AVENUE			OFFICE OR POSITION HELD: VICE-MAYOR	
CITY: PEMBROKE PARK	ZIP: 33023	COUNTY: BROWARD	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input checked="" type="checkbox"/> DECEMBER   YEAR 20 <sup>15</sup>	

### PART A — STATEMENT OF GIFTS

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. **You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.**

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
11/15/2015	PAINTING OF THE SUGAR SHACK	UNKNOWN	MAURICE & MICHELINE LAFOND	4930 SW 28 COURT PEMBROKE PARK, FL 33023

CHECK HERE IF CONTINUED ON SEPARATE SHEET

### PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

### PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.

*RPM*

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA  
 COUNTY OF BROWARD  
 Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of DECEMBER, 20 15  
 by Howard P. Clark, Jr  
*Natasha Joseph*  
 (Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public). State of Florida  
 Personally Known  OR Produced by Identification   
 Type of Identification Produced \_\_\_\_\_  
**NATASHA JOSEPH**  
 Commission # EE 866844  
 Expires Feb 15, 2017

### PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, Florida 32312. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30.)