

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below :

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Wexler Lois

MAILING ADDRESS:

115 S. Andrews Avenue

Room 437B

CITY : ZIP : COUNTY :

Fort Lauderdale 33301-1818 Broward

NAME OF AGENCY :

Broward County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner, District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

COMMISSION ON ETHICS
DATE RECEIVED

JUN 25 2013

ID # 18076

PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 12 was \$ 557,773.00.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

House - 510 Torchwood, Plantation 33324	350,000
Optimum Bank Savings & Space Coast Credit Union	110,000
TD Ameritrade IRA	120,000
FRS Deferred Retirement	63,131
Jewelry/1999 Suburban	22,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Chase Home Loan	78,000
Lexus Financial	25,758
Levitt-Weinstein	3,600

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Broward County Board of County Commissioners	115 S. Andrews Avenue, Fort Lauderdale 33301	\$94,497.12

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

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 on this form and any attachments hereto is true, accurate, and complete.


STATE OF FLORIDA
 COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 20th day of

June, 2013 by LOIS WEXLER

Daphne Sewell
 (Signature of Notary Public--State of Florida)

DAAPHNE SEWELL
 (Print, Type, or Stamp Commissioned Name of Notary Public)



 DAPHNE SEWELL
 MY COMMISSION # DD 956606
 EXPIRES: March 21, 2014
 Bonded Thru Budget Notary Services

Personally Known OR Produced Identification

Type of Identification Produced _____

Lois Wexler
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.