**STATEMENT OF FINANCIAL INTERESTS**

**FORM 1**

**2015**

**LAST NAME – FIRST NAME – MIDDLE NAME:**
TINGOM, PETER S.

**MAILING ADDRESS:**
940 WEST TROPICAL WAY

**CITY:** PLANTATION
**ZIP:** 33317
**COUNTY:** BROWARD

**NAME OF AGENCY:**
CITY OF PLANTATION

**NAME OF OFFICE OR POSITION HELD OR SOUGHT:**
PLANTATION CITY COUNCIL GROUP 2

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**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, 2015
- 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 (must check one):

- Comparative (Percentage) Thresholds
- Dollar Value Thresholds

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**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")

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>SOURCES ADDRESS</th>
<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Retirement</td>
<td>P.O. BOX 9000</td>
<td>Retirement</td>
</tr>
<tr>
<td>System</td>
<td>TALLAHASSEE, FL</td>
<td>Benefits</td>
</tr>
<tr>
<td>Social Security</td>
<td>RICH MONO, CA 94802</td>
<td></td>
</tr>
</tbody>
</table>

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**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")

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPAA</td>
<td>Membership Dues</td>
<td>29 YALE STREET, HOLLYWOOD, FL 33020</td>
<td>CONSULTANT</td>
</tr>
<tr>
<td>ESMAB</td>
<td>Membership Dues</td>
<td>490 WEST TROPICAL WAY, PLANTATION, FL 33317</td>
<td>EX. DIRECTOR</td>
</tr>
<tr>
<td>CO PA</td>
<td>Membership Dues</td>
<td>490 WEST TROPICAL WAY, PLANTATION, FL 33317</td>
<td>EX. DIRECTOR</td>
</tr>
</tbody>
</table>

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**PART C – REAL PROPERTY**

(Land, buildings owned by the reporting person - See instructions)

(If you have nothing to report, write "none" or "n/a")

| 490 WEST TROPICAL WAY     | PLANTATION, FL 33317 | |

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**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")  

<table>
<thead>
<tr>
<th>TYPE OF INTANGIBLE</th>
<th>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES SCHWAB INVESTMENT</td>
<td>3000 E WOODWIND DR FORT WORTH TX 76108</td>
</tr>
<tr>
<td>WELLS FARGO CHASE</td>
<td>P.O. BOX 6995 PORTLAND, OR 97228-6995</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF CREDITOR</th>
<th>ADDRESS OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLS FARGO MORTGAGE</td>
<td>P.O. BOX 660278 DALLAS, TX 75266-0278</td>
</tr>
</tbody>
</table>

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")  

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>BUSINESS ENTITY # 1</th>
<th>BUSINESS ENTITY # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

PART G — TRAINING  
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.  

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.  

SIGNATURE OF FILER:  
Signature: [Signature]  
Date Signed: 6-23-2016  

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: 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 required to file with the Commission or Supervisor of Elections.  

Facsimiles will not be accepted.  

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 32317-5708; 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 page 3 of instructions.  

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 must file at the same time they file their qualifying papers.  

Thereafter, file by July 1 following each calendar 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.  

CE FORM 1 - Effective: January 1, 2016  
Incorporated by reference in Rules 54-6.202(1), F.A.C.