

FORM 1		STATEMENT OF		2011	
Please print or type your name, mailing address, agency name, and position below:		FINANCIAL INTERESTS		SUPERVISOR OF ELECTIONS	
LAST NAME - FIRST NAME - MIDDLE NAME: <i>Caletka - Bryan - Christopher</i>		FOR OFFICE USE ONLY:		<i>JUN -4 AM 11:55</i>	
MAILING ADDRESS: <i>3860 Sw 60th AVE</i>					
<i>Davis</i>	<i>33314</i>	<i>Broward</i>			
CITY:	ZIP:	COUNTY:			
NAME OF AGENCY: <i>Town of Davis</i>				ID Code	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: <i>Council Member</i>				ID No.	
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				Conf. Code	
CHECK ONLY IF <input type="checkbox"/> CANDIDATE OR <input type="checkbox"/> NEW EMPLOYEE OR APPOINTEE				P. Req. Code	
**** 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):					
<input checked="" type="checkbox"/> DECEMBER 31, 2011 OR <input type="checkbox"/> SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____					
MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):					
<input type="checkbox"/> COMPARATIVE (PERCENTAGE) THRESHOLDS OR <input checked="" type="checkbox"/> DOLLAR VALUE THRESHOLDS					
PART A -- PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person - See instructions p. 4) (If you have nothing to report, you must write "none" or "n/a")					
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
<i>Town of Davis</i>		<i>6591 Orange Drive, Davis, FL 33314</i>		<i>Council Member Pay</i>	
<i>Broward Schools</i>		<i>600 So 3rd AVE, Ft. Lauderdale, FL 33301</i>		<i>Teacher Pay</i>	
PART B -- SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4) (If you have nothing to report, you must write "none" or "n/a")					
NAME OF BUSINESS ENTITY		NAME OF MAJOR SOURCES OF BUSINESS' INCOME		ADDRESS OF SOURCE	
<i>N/A</i>					
PART C -- REAL PROPERTY (Land, buildings owned by the reporting person - See instructions p. 4) (If you have nothing to report, you must write "none" or "n/a")					
<i>3860 Sw 60th AVE, Davis, FL 33314</i>					
				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.	
				OTHER FORMS you may need to file are described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions p. 6) (If you have nothing to report, you must write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Checking Account	Wells Fargo Bank
Money Market Account	Wells Fargo Bank
Checking Account	Chase Bank

PART E — LIABILITIES (Major debts - See instructions p. 5) (If you have nothing to report, you must write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America Home Loans	PO Box 650070, Dallas, TX 75265
City County Credit Union	PO Box 1088, Fort Lauderdale

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions p. 6) (If you have nothing to report, you must write "none" or "n/a")			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

B. [Signature]

1/5/12

FILING INSTRUCTIONS:

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.

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 15700, Tallahassee, FL 32317-8700; physical address: 3600 Macley Boulevard, South, Suite 201, Tallahassee, FL 32312.

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, 2011.

DECLARATION OF PARTIAL INTERESTS
 Supplemental - Bryan Caletka
 12 JUN -4 AM 11:55

Type of Intangible	Business Entity to which the Property Relates
4) Savings Account	Chase Bank
5) Solid Gold	Metal Bullion
6) Retirement Account	Florida Retirement System
7) Retirement Account	AXA Equitable
8) Cash	Cash In Safety Deposit Box
9) Mutual Funds	Wells Fargo Brokerage
10) Checking Account	Legacy Texas Bank
11) Household Furniture	Home Furnishings
12) Delta Stock	Delta Airllnes
13) 2003 Cadillac Deville	car
14) 2010 Nissan Sentra	car
15 Retirement Account	Valic