

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

TRANTALIS, DEAN JOHN

MAILING ADDRESS :

1430 NE 18th AVE.

FORT LAUDERDALE 33304 BROWARD

CITY: ZIP: COUNTY:

CITY COMM.

NAME OF AGENCY: Dean Trantalis 84861

COMMISSIONER 1430 Ne 18th Ave

NAME OF OFFICE OR POSITION: Ft Lauderdale FL 33304

Fort Lauderdale

You are not limited to the space on this form. Attach additional sheets, if necessary.

CHECK ONLY IF: [ ] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

2014 JUL -1 PM 2:09

BROWARD COUNTY SUPERVISOR OF ELECTIONS

2014 JUL -1 AM 9:47

CITY CLERK

COPY

\*\*\*\* 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):

[x] 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 [x] 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 SOURCE'S PRINCIPAL BUSINESS ACTIVITY
TRANTALIS LAW OFF.	2255 WILTON DRIVE	LAW OFFICE
CITY OF FT. LAUDERDALE	100 N. ANDREWS AVE.	CITY COMMISSIONER

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
NONE - sole prop.	rental income.		
	SEE ATTACHED		

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

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

SEE ATTACHED

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 B (continued)**

**Rental Properties**

401 SE 18<sup>th</sup> Street  
Ft. Lauderdale, FL 33316

401 Riviera Isle Drive  
Unit 201  
Ft. Lauderdale, FL 33301

**PART C (continued)**

**REAL PROPERTY**

401 Riviera Isle Drive  
Unit 201  
Ft. Lauderdale, FL 33301

401 SE 18<sup>th</sup> Street  
Ft. Lauderdale, FL 33316

2255 Wilton Drive  
Wilton Manors, FL 33301

**MORTGAGE**

NCB, FSB  
P.O. Box 828835  
Philadelphia, PA 19182

Ocwen Mortgage  
P.O. Box 6440  
Carol Stream, IL 60197-6440

Werner and Barbara Freundlich  
202 Myrtle Street  
Haworth, NJ 07641