FORM 1	STATEN	IENT OF		2018
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MID Pollock Robert Eldridge. (				со <sub>й</sub> 1 О <sup>2</sup>
MAILING ADDRESS : PO Box 13182			OC &	10 <sup>2</sup> 1 30 <sup>5</sup>
CITY : Mexico Beach NAME OF AGENCY :	zip: county: 32410 Bay			23°
NAME OF OFFICE OR POSITION H Mexico Beach Council Gr		atte if nergeseny		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO YEAR OR ON A FISCAL YEAR. F EITHER (must check one): DECEMBER 31, MANNER OF CALCULATING R FILERS HAVE THE OPTION OF U CALCULATIONS, OR USING COM for further details). CHECK THE O		THE PRECEDING TAX YEAR THIS STATEMENT IS FOR T IFY TAX YEAR IF OTHER THA THAT ARE ABSOLUTE DOLL I ARE USUALLY BASED ON tone):	N THE C AR VALU PERCEN	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING ALENDAR YEAR:
	FINCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See instr	-	SCRIPTION OF THE SOURCE'S
OF INCOME	AE	DRESS	PRINCIPAL BUSINESS ACTIVITY	
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	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	son - See	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Promissory Note Tammy Smith		Gainesville Ga		······································
(If you have nothing to r	I, buildings owned by the reporting pers <b>eport, write "none" or "n/a")</b>	on - See instructions]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
215 Kim Kove, Mexico Be		- <u></u>		CUCTIONS on who must file
102 N 29th, Mexico Beac			this fo	orm and how to fill it out on page 3.
419 La Siesta, Mexico Be	ach FL (IRA account)			

PAGE 1

BAYSDE OZO42019

IRA Wells Fargo         PART E - LABILITES (Major debts - See instructions) (if you have nothing to report, write "nore" or "ne")         NAME OF CREDITOR         NIA         PART F - INTERESTS IN SPECIFIED BUSINESSES (Oncenthic or ancial types of businesses - See instructions) (if you have nothing to report, write "nore" or "ne")         NAME OF BUSINESS ENTITY         PINCFAL BUSINESS ENTITY         NAME OF BUSINESS ENTITY         PINCFAL BUSINESS ACTIVITY         PORTOR HELD WITH ENTITY         PORTOR HELD WITH ENTITY         POSITION HELD WITH ENTITY         PART G - TRAINING         For elected municipal of Regeneration on Entities on a Conting with Entities and context.         Signature:         BUSINESS ENT	PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor TYPE OF INTANGIBLE	ocks, bonds, 1 <b>e" or "n/a")</b> 	, certificate		tructions] /HICH THE PROPERTY RELATES		
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