· ·			
FORM 1	STATEMENT OF	2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	STS FOR OFFICE USE ONLY:	
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         OR         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	
LAKESIDE COIN LALINDRY	16813 ACB PKWY	LALINDEY	
/	,		
(If you have nothing to repo	other sources of income to businesses owned by the repo	SS PRINCIPAL BUSINESS	
	lings owned by the reporting person - See Instructions]		
(If you have nothing to report 16217 E. LUIIWATE	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.		
40 ACRES SONT	FILING INSTRUCTIONS for when and where to file this form are		
10813 POB PKINY LOTS 3-8			
THUS FOUT FRUITLUL	000	INSTRUCTIONS on who must file	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certification (if you have nothing to report, write "none" or "n/a")	
	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NA	
PART E — LIABILITIES [Major debts - See instructions]	
(If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
NA	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or po (If you have nothing to report, write "none" or "n/a") BUS	sitions in certain types of businesses - See instructions] INESS ENTITY # 1 BUSINESS ENTITY # 2
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	
PART G — TRAINING For elected municipal officers required to complete annual ethics trainin	g pursuant to section 112.3142, F.S. IPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE
Signature: Signature: SRBSTARC	CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.
Date Signed: $2 - 5 - 2020$	CPA/Attorney Signature:
	— Date Signed:
FILING INSTRUCTIONS:	
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. To determine what category your position falls under, see page 3 of instructions.	MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.
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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be</u> returned.	<ul> <li>And specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment.</li> <li>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.</li> </ul>
State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200 Tallahassee, FL 32303. To file with the Commission by email, scar your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy	papers. <b>Thereafter</b> , file by July 1 following each calendar year in which they hold their positions. <b>Finally</b> , 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, 2019
for your records. <u>Do not file by both mail and email. Choose only one</u> filing method. Form 6s will not be accepted via email. CE FORM 1 - Effective: January 1, 2020. Incorporated by reference in Rule 34-8.202(1), F.A.C.	PAGE 2

٠

<sup>25.02.02.02.02.02.02.02.00</sup>