Please print or type your name, mailing address, agency name, and position below: LAST NAME - FIRST NAME - MIDDLE NAME: SAULS CARL L. MAILING ADDRESS: 7548 Shadow Bay Drive PANAMA City FL. 32404 BAY CITY: ZIP: COUNTY:				
SAULS CARL L. MAILING ADDRESS: 7548 Shapow Bay Drive	:			
MAILING ADDRESS: 7548 Shapow Bay Drive	: .			
7548 ShaDow Bay Drive	,			
PANAMA City FL. 32404 BAY				
PANAMA City FL. 32404 BAY				
CITY: ZIP: COUNTY:	i			
City of Callaway NAME OF AGENCY: **23*** **0 30** **000**	*.			
MAYOR				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE				
**** THIS SECTION MUST BE COMPLETED ****				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.				
THIS STATEMENT NEI EESTS TOOKT INANIONE INTERESTS TOK SALENSAK TEAK ENDING DESERBERGT, 2015.	1			
MANNER OF CALCULATING REPORTABLE INTERESTS:				
FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIFEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VAL				
(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")				
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURC				
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY OF THE SOURCE OF				
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURC PRINCIPAL BUSINESS ACTIVIT PENS, ON PENS, ON				
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURC PRINCIPAL BUSINESS ACTIVIT PENSION PLA Retirement Pension				
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURC PRINCIPAL BUSINESS ACTIVIT PENS, ON PENS, ON				
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVIT PENSION Social Security Pension Pension				
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURC PRINCIPAL BUSINESS ACTIVIT PENSION FLA Retiacaent Social Security Pension Pension Pension Pension 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 SOURCE OF INCOME SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY FLA Retirement FLA Retirement Focial Security Pension Pension Part B Secondary sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURC PRINCIPAL BUSINESS ACTIVIT PENSION FLA Retiacaent Social Security Pension Pension Pension Pension Part B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]				
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A				
,				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
N/A				
		,		
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")				
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY	,			
PRINCIPAL BUSINESS ACTIVITY	Λ / A	NA		
POSITION HELD WITH ENTITY	(4)/1			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	s			
NATURE OF MY OWNERSHIP INTEREST				
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.				
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILER	CPA or ATT	ORNEY SIGNATURE ONLY		
Signature:	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:			
Carl L. Sauls	I,			
Date Signed: 2-5- 2∞0	CPA/Attorney Signature:			
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.

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. Do not email your form to the Commission on Ethics, it will be returned.

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, scan 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 for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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.

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, 2019.