FORM 1	STATEM	IENT OF	2019						
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:						
LAST NAME - FIRST NAME - MIDDLE NAME: McCoy Richard Roger									
MAILING ADDRESS: 324 Lysory									
Mexico Bezah	37456 BAI	,							
	ZIP: COUNTY:		\$23\$ \$32 \$						
NAME OF AGENCY: CCZY of Mex	us Bazel		60 30. 9 30.						
NAME OF OFFICE OR POSITION HELD OR SOUGHT:									
Merico Berch city ecursilmon Grasp5									
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.									
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		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
US GOV.	Washing ton	De	Sacial Seamity						
Honeywell	POBOx 7019 RI	intoul IL	Retion west Pension						
		60868							
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									
PART C - REAL PROPERTY [Lanc (if you have nothing to	on - See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.							
NONE		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 D — INTANGIBLE PERSONAL PROPERTY (Sto		of depo	sit, etc See ins	structions]				
(If you have nothing to report, write "non TYPE OF INTANGIBLE	ne" or "n/a") I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
NENE								
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non								
NAME OF CREDITOR	ADDRESS OF CREDITOR							
PNC BENK	PO 801 18	20	Dayton	, Oh	45401			
SBA	US SMILL BO	SIV L	= 2N61	27420	st. Bui	ning him		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] 3/023 (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2								
NAME OF BUSINESS ENTITY	NOVE		 					
ADDRESS OF BUSINESS ENTITY	FONC							
PRINCIPAL BUSINESS ACTIVITY	NUNC			<u> </u>				
POSITION HELD WITH ENTITY	NOYE							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		·						
NATURE OF MY OWNERSHIP INTEREST	More			<u> </u>				
PART G — TRAINING For elected municipal officers required to complete an					RAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE OF FILER:			CPA or ATTORNEY 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:					
Rula RM. Cy			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:								
10 Zeb, 2022			CPA/Attorney Signature:					
		Date Signed:						
FILING INSTRUCTIONS:								
If you were mailed the form by the Commission on E Supervisor of Elections for your annual disclosure	thics or a County Ca			•	ith their filing pa	pers.		

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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

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