FORM 1	STATEM	ENT OF		2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE	NAME :				
KEY DAPPRE	LL WILSON				
MAILING ADDRESS : 306 GEORGIA	AVE				
JOB OURON					
MEXICO BEACH, 7L	32456 BAY				
CITY :			ູເວຍ	v	
NAME OF AGENCY :	GA	LOUP 4	\$23	3 3 32	
MEXICO BEACH C NAME OF OFFICE OR POSITION HEL	ITY COUNCIL				
		APPOINTEE			
*:	*** THIS SECTION MUS	T BE COMPLETED	****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	R CALENDAR YEAR ENDI	NG DE	CEMBER 31, 2019.	
MANNER OF CALCULATING F					
FILERS HAVE THE OPTION OF US	SING REPORTING THRESHOLI	OS THAT ARE ABSOLUTE [DOLLAF	R VALUES, WHICH REQUIRES	
FEWER CALCULATIONS, OR USI (see instructions for further details).	NG COMPARATIVE THRESHOL CHECK THE ONE YOU ARE U	_DS, WHICH ARE USUALL` JSING (must check one) :	Y BASE	D ON PERCENTAGE VALUES	
	ERCENTAGE) THRESHOLDS		R VALL	IE THRESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to repo	COME [Major sources of income to t	he reporting person - See instru	ictions]		
NAME OF SOURCE		JRCE'S	DESCRIPTION OF THE SOURCE'S		
OF INCOME		DRESS	PRINCIPAL BUSINESS ACTIVITY		
N/A			·····		
/					
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
PART B - SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busines	sses owned by the reporting pers	son - See	instructions]	
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
N/A		·····			
/			<u>.</u>		
PART C - REAL PROPERTY [Land, bu	uildings owned by the reporting perso	n - See instructions	You	e not limited to the space on the	
(If you have nothing to report, write "none" or "n/a")				lines on this form. Attach additional sheets, if necessary.	
hot in Homosassa Fla				FILING INSTRUCTIONS for when	
				here to file this form are d at the bottom of page 2.	
			this fo	UCTIONS on who must file orm and how to fill it out on page 3.	

j L

J is State Jean Jean

PART D — INTANGIBLE PERSONAL PROPERTY [Sta (if you have nothing to report, write "non	ocks, bonds, certificat e" or "n/a")		tructions) VHICH THE PROPERTY RELATES			
	······	DUSINESS ENTITY IUV				
<i>N/'</i> I						
/						
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						
f to the second s						
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") BUSINESS ENTITY # 1 NAME OF BUSINESS ENTITY BUSINESS ENTITY # 1 Musice Beach Rover of Sweet Shade Trues						
NAME OF BUSINESS ENTITY	Misico Beau	LAver of Sweet	pade Messon -			
ADDRESS OF BUSINESS ENTITY	625 15 mst	MB				
PRINCIPAL BUSINESS ACTIVITY	Pavers of Les	decasing				
POSITION HELD WITH ENTITY	Superius	ny				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100					
NATURE OF MY OWNERSHIP INTEREST	NON	E				
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						
I IF ANY OF PARIS A INKOUGH G ARI	E COM HINDED C	IN A SEFARAIE SHE				
SIGNATURE OF FILE Signature:		CPA or ATT If a certified public accor in good standing with the she must complete the 1, Form 1 in accordance to instructions to the form	ORNEY SIGNATURE ONLY butant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the			
SIGNATURE OF FILE Signature: Date Signed:		CPA or ATT If a certified public accor in good standing with the she must complete the 1, Form 1 in accordance	ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.			
SIGNATURE OF FILE Signature:		CPA or ATT If a certified public according in good standing with the she must complete the I, Form 1 in accordance of instructions to the form disclosure herein is true	ORNEY SIGNATURE ONLY butant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.			
SIGNATURE OF FILE Signature: Date Signed: 2/5/20		CPA or ATT If a certified public according good standing with the she must complete the 1, Form 1 in accordance with the form disclosure herein is true CPA/Attorney Signature	ORNEY SIGNATURE ONLY butant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.			
SIGNATURE OF FILE Signature: Date Signed:	thics or a County filing, return the rour position falls	CPA or ATTO If a certified public accord in good standing with the she must complete the 1,	ORNEY SIGNATURE ONLY Duntant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement:, prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct. e: together with their filing papers. IECESSARY: A candidate who files a Form r is not required to file with the Commission			
SIGNATURE OF FILE Signature:	thics or a County filing, return the our position falls sor of Elections (If you do not sor of the county lers who file with ail. Contact your email address to Ethics, it will be	CPA or ATTO If a certified public according good standing with the she must complete the she must complete the she must complete the she must complete the she must constructions to the form disclosure herein is true. CPA/Attorney Signature Date Signed: Candidates file this form MULTIPLE FILING UNN 1 with a qualifying officer or Supervisor of Election WHEN TO FILE: Initially and specified state emitted ate of his or her appoint Appointees who must be confirmation, even if that appointment. Candidates must file a	ORNEY SIGNATURE ONLY Duntant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement:, prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct. e: together with their filing papers. IECESSARY: A candidate who files a Form r is not required to file with the Commission			
Signature: Signature: Multiple Date Signed: Z/S/ZO FILING INSTRUCTIONS: If you were mailed the form by the Commission on E Supervisor of Elections for your annual disclosure form to that location. To determine what category y under, see page 3 of instructions. Local officers/employees file with the Supervise of the county in which they permanently reside. permanently reside in Florida, file with the Supervise of the county in which they permanently reside. permanently reside in Florida, file with the Supervise where your agency has its headquarters.) Form 1 fit the Supervisor of Elections for the mailing address or use. Do not email your form to the Commission on	thics or a County filing, return the rour position falls sor of Elections (If you do not sor of the county lers who file with ail. Contact your email address to Ethics, it will be tho file with the To file by mail,	CPA or ATTO If a certified public according good standing with the she must complete the l,	ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement:			