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FORM 1	STATEM	MENT OF	2019		
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	STS FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIC PE//ETIEL	DOLE NAME:  LOSENT P				
MAILING ADDRESS: 7724 5144	por BAX/a				
CALLAUAY	F1 324	ox			
CITY:	ZIP: COUNTY:		\$ 23 <sup>2</sup>		
NAME OF AGENCY:  COMNISSIMP K  NAME OF OFFICE OR POSITION  COMMISSIMM W	HELD OR SOUGHT :	at H	60 30		
CHECK ONLY IF CANDIDAT	· · · · · · · · · · · · · · · · · · ·	R APPOINTEE			
MANNER OF CALCULATING FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR Under the constructions for further details.	**** THIS SECTION MUST YOUR FINANCIAL INTERESTS FOR REPORTABLE INTERESTS TO USING REPORTING THRESHOUSING COMPARATIVE THRESHOUSIS). CHECK THE ONE YOU ARE (PERCENTAGE) THRESHOLDS	OR CALENDAR YEAR END  : LDS THAT ARE ABSOLUTE DLDS, WHICH ARE USUALI USING (must check one):	DING DECEM DOLLAR VAI LY BASED OF	LUES, WHICH REQUIRES	
PART A - PRIMARY SOURCES OF	INCOME [Major sources of income to				
NAME OF SOURCE OF INCOME	1	URCE'S		PTION OF THE SOURCE'S IPAL BUSINESS ACTIVITY	
USAF RETIL	D.O. 654 7136	touch KX	m,'L.		
Socilut Steel	1100 W 11.64 A	ine 84/7/104	Kacik	1 Squat Resident	
WALMAT	Tropall Partu	nt, CAllant KI	Pat	Tim	
	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a")  NAME OF MAJOR SOURCES	asses owned by the reporting per	rson - See instr	uctions] PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
M 0					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				limited to the space on the sform. Attach additional ecessary.	
			and where	TRUCTIONS for when to file this form are the bottom of page 2.	
				IONS on who must file and how to fill it out age 3.	

(If you have nothing to report, write "none" or "n/a")	s of deposit, etc	c See insi	tructions					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
NI								
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")								
NAME OF CREDITOR		ADDRES						
TYNILI FACERY GOGR	351	P.C.	FI	3245				
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  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 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 ATTC	RNEY	SIGNATURE ONLY				
Signature:	If a certified public accountant licensed under Chapter 473, or attorning good standing with the Florida Bar prepared this form for you, he she must complete the following statement:			Bar prepared this form for you, he or				
ant 8 hut	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: 2/6/20	CPA/Attorne							
	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.

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

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.