FORM 1	STATEM	IENT OF	2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ON	ILY:
LAST NAME FIRST NAME MIDDL				
MAN INC ADDRESS.	ANK			
WILLIAM LAKE D	RIVE			·
CITY: ZIP: COUNTY:			COU, SCOUL	
NAME OF AGENCY.			23 <sup>5</sup> / <sub>23</sub> 332 <sup>5</sup> / <sub>3</sub>	
NAME OF OFFICE OR POSITION HE	DORSOLIGHT		- ,	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	**** THIS SECTION MUS			
MANNER OF CALCULATING FILERS HAVE THE OPTION OF U FEWER CALCULATIONS, OR US (see instructions for further details)  COMPARATIVE (P	SING REPORTING THRESHOLING COMPARATIVE THRESHOL	LDS, WHICH ARE USUALL JSING (must check one):	LY BASED ON PERCENTAGE VA	
PART A PRIMARY SOURCES OF IN	ICOME [Major sources of income to	the reporting person - See instr	tructions]	
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
USAF RET.	U.S. GOUT		RETIRES	
<b>&amp;</b> \$	U.S. GOVT		RETIRED	
				· .
PART B SECONDARY SOURCES ( [Major customers, clients, a (If you have nothing to re	OF INCOME and other sources of income to busines port, write "none" or "n/a")	sses owned by the reporting per	erson - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINE ACTIVITY OF SOUR	
·	Nove			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space of lines on this form. Attach addition sheets, if necessary.	nai
HOME O LAKE DRIVE CALLWAY FI			FILING INSTRUCTIONS for wh and where to file this form are located at the bottom of page	e
			INSTRUCTIONS on who must this form and how to fill it out begin on page 3.	

(If you have nothing to report, write "none TYPE OF INTANGIBLE	•	HICH THE PROPERTY RELATES	
NA			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none		1	
NAME OF CREDITOR	ADDRESS OF CREDITOR		
TFCU	235T PENEMA City	F/	
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none"  NAME OF BUSINESS ENTITY		inesses - See instructions] BUSINESS ENTITY # 2	
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 ann  I CERTIFY THAT I I  IF ANY OF PARTS A THROUGH G ARE	HAVE COMPLETED THE REQU	JIRED TRAINING.	
SIGNATURE OF FILE	R: CPA or ATTO	CPA or ATTORNEY SIGNATURE ONLY	
Signature: Jose Manaulli	in good standing with the she must complete the financial life.  Form 1 in accordance with the she must complete the financial life.	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,	
Date Signed:	disclosure herein is true		
~	CPA/Attorney Signature	CPA/Attorney Signature:	
Fib 12 2020	Date Signed:	Date Signed:	
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on Eth	nics or a County Candidates file this form	together with their filing papers.	
Supervisor of Elections for your annual disclosure fi form to that location. To determine what category yo under, see page 3 of instructions.	ur position follo MULTIFLE FILING UNNI	ECESSARY: A candidate who files a For is not required to file with the Commission	

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.

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.