| FORM 1   | STATEMENT OF  |                                | 2019  |                                      |  |  |
|--|---|--------------------------------|---|--------------------------------------|--|--|
| Please print or type your name, mailing address, agency name, and position below:  | FINANCIAL II  | NTERESTS                       | FOR OFFICE USE ONLY:  |                                      |  |  |
| LAST NAME FIRST NAME MIDDLE  | ~ <del>~~</del>   |                                | _   |                                      |  |  |
| MAILING ADDRESS  | ce B.   |                                |   |                                      |  |  |
| 448 Fern   | woud St.  |                                |   |                                      |  |  |
|  |   |                                | cOUA.   | COUN                                 |  |  |
| Panama City Beac   | ,   | 3323                           | \$ 236  |                                      |  |  |
| Beach Mosquity C   | indul District  |                                |   |                                      |  |  |
| NAME OF OFFICE OR OSITION HELI   |   | <del></del>                    |   |                                      |  |  |
| Computationer Sea  | +2  |                                |   |                                      |  |  |
| B  | OR NEW EMPLOYEE OR AP   | POINTEE                        |   |                                      |  |  |
|  | ** 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 (PE  | RCENTAGE) THRESHOLDS <u>C</u>                                   | DR PT DOLLAR                   | VALUE THRES   | SHOLDS                               |  |  |
| PART A PRIMARY SOURCES OF INC<br>(If you have nothing to repo  | OME [Major sources of income to the ret, write "none" or "n/a") | reporting person - See instruc | tions]  |                                      |  |  |
| NAME OF SOURCE<br>OF INCOME  | SOURCE'S<br>ADDRESS   |                                | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY     |                                      |  |  |
| Social Security  | ST Admin Washing  |                                | Retirement  |                                      |  |  |
| Regions / Amswath Bank   | 1560 5th A/ N/ B'ham M 35213                                    |                                | Relivement  |                                      |  |  |
| Renta House  | 145 Escavabe Av. Pan  | ama CityBal FC :               | SFR Rental House  |                                      |  |  |
| Beach Massing Control 509 Griffin PlV1887CB PL 324/3 MOSquito Centrol  |   |                                |   |                                      |  |  |
| PART B SECONDARY SOURCES OF<br>[Major customers, clients, and<br>(If you have nothing to repo  | other sources of income to businesses                           | owned by the reporting person  | n - See instructions  | 5]                                   |  |  |
| NAME OF<br>BUSINESS ENTITY   | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME                    | ADDRESS<br>OF SOURCE           | 1   | INCIPAL BUSINESS<br>TIVITY OF SOURCE |  |  |
| MA   |   |                                |   |                                      |  |  |
| •  |   |                                |   |                                      |  |  |
|  |   | ·-                             |   |                                      |  |  |
| PART C REAL PROPERTY [Land, buil   |   |                                |   | ed to the space on the               |  |  |
| 145 Escaraba Av. Panama C'ty Braco FL 324/3  |   |                                | lines on this form. Attach additional sheets, if necessary. |                                      |  |  |
|  | FILING INSTRU   |                                |   |                                      |  |  |
|  |   |                                | INSTRUCTIONS<br>this form and ho<br>begin on page 3         |                                      |  |  |

| PART D — INTANGIBLE PERSONAL PROPERTY [Sto  |  | ertificates | of deposit, etc Se  | ee instructions]           |  |  |  |
|---|--|-------------|---|----------------------------|--|--|--|
| (If you have nothing to report, write "non TYPE OF INTANGIBLE   | ne" or "n/a")  I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |             |   |                            |  |  |  |
| 1/1/1   |  |             | OCINEOU ENTITY  | TO WHOT THE THOSE EXTENDED |  |  |  |
|   |  |             |   |                            |  |  |  |
|   |  |             |   |                            |  |  |  |
| PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-  |  |             |   |                            |  |  |  |
| NAME OF CREDITOR  | ADDRESS OF CREDITOR  |             |   |                            |  |  |  |
| Centennia Bank  | 12/4/ PCB Parkuay PCB FL 324/3                                 |             |   |                            |  |  |  |
|   |  |             | ,   |                            |  |  |  |
| 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   |  | lo .        |   |                            |  |  |  |
| PRINCIPAL BUSINESS ACTIVITY   | e ( 8  | Ne          |   |                            |  |  |  |
| POSITION HELD WITH ENTITY   | N  |             |   | <del></del>                |  |  |  |
| 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.   |  |             |   |                            |  |  |  |
| A A □ 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 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:             |                            |  |  |  |
| Date Signed:  |  |             | 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. |                            |  |  |  |
| 6/9/2020  |  |             | CPA/Attorney Signature:   |                            |  |  |  |
|   |  |             | 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. <u>Do not email your form to the Commission on Ethics, it will be returned</u>.

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 <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.