FORM 1	STATEMENT OF			2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	NAME :				
Verville Joshua MAILING ADDRESS:	Christopher				
1715 Skimmer	Court			•011-	
		co	u,	<b>3</b> 223	
Panama City Beac	zip: county: 32413 Ba	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	23°	90 30	
NAME OF AGENCY:	COO	` 1			
NAME OF OFFICE OR POSITION HELI	O OR SOUGHT:	17.07			
Supervisor	Seat #4				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	PPOINTEE			
**** THIS SECTION <u>MUST</u> BE COMPLETED ****  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.					
	NG REPORTING THRESHOLDS G COMPARATIVE THRESHOLD CHECK THE ONE YOU ARE US RCENTAGE) THRESHOLDS	S, WHICH ARE USUALL ING (must check one): OR D DOLLA	Y BASE		
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		reporting person - See instru	uctions]		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Perspecta, Inc.	15052 Conference Confex Dr. Chantilly		IT	Services Provider	
		VA 20151			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to businesse	s owned by the reporting pers	son - See	e instructions] PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
0/9					
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 on the lines on this form. Attach additional sheets, if necessary.		
1)/~			and w	INSTRUCTIONS for when here to file this form are dat the bottom of page 2.	
			this fo	CUCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates e" or "n/a")	s of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Invistments (staks)						
,						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Na						
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	1 06		n b			
ADDRESS OF BUSINESS ENTITY	<b>,</b>		/			
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 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:  I,				
Date Signed:		disclosure herein is true	e and correct.			
6/4/2020		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 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.

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.