identify expension later:	FORM 1	STATEM	IENT OF	2020	
LAST NAME - PIRST NAME - MIDDLE NAME : Dick Brian Keith MALING ADDRESS : 3217 Country Club Dr Lynn Haven CTTY: ZIP: COUNTY : Florida 32444 Bay NAME OF AGENCY : City of Lynn Haven NAME OF AGENCY : City of Lynn Haven NAME OF OFFICE OR POSITION HELD OR SOUGHT : Commissioner Seat 4 CHECK ONLY IF CLANDIATE OR IN NEW EMPLOYEE OR APPOINTEE **** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020. MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING COMPARATIVE THRESHOLDS, WHICH REUSING IN ALLUES, WHICH REQUIR FWER CALCULATIONS, OR LUSING COMPARATIVE THRESHOLDS, WHICH REUSING PERCENTAGE VALU (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS, WHICH REUSING IN PART A - PRIMARY SOURCES OF INCOME MADRESS PRIVATIVE THRESHOLDS, WHICH REUSING IN CUMPARATIVE (PERCENTAGE) THRESHOLDS, WHICH REUSING (If you have nothing to report, write "none" of "n's") NAME OF SOURCE OF INCOME MADRESS PRIVE DESCRIPTION OF THE SOURCES OF INCOME MADRESS PRIVE NAME OF SOURCE OF INCOME MADRESS PRIVENCIAL BUSINESS ACTIVITY PART B - BECONDARY SOURCES OF INCOME MADRESS PRIVENCIAL BUSINESS ACTIVITY NAME OF SOURCE OF BUSINESS' INCOME DESCRIPTION OF THE SOURCES OF INCOME MADRESS ENTITY NAME OF BUSINESS' INCOME DESCRIPTION OF THE SOURCES OF INCOME MADRESS ENTITY NAME OF BUSINESS' INCOME DESCRIPTION OF THE SOURCES OF INCOME MADRE OF BUSINESS' INCOME DESCRIPTION OF THE SOURCES OF INCOME MADRE OF BUSINESS' INCOME DESCRIPTION OF THE SOURCES OF BUSINESS' INCOME DESCRIPTION OF THE SOURCES OF INCOME MADRE OF BUSINESS' INCOME DESCRIPTION OF INTERSHOLDS OF BUSINESS' INCOME DESCRIPTION ON THE MADRE OF BUSINESS' INCOME DESCRIPTION ON INTERSHOLDS	Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:	
MAILING ADDRESS :         3217 Country Club Dr         Lynn Haven         CITY :       ZIP :         COUNTY :       Bay         NAME OF AGENCY :         City of Lynn Haven         MARE OF AGENCY :         City of Lynn Haven         NAME OF AGENCY :         City of Lynn Haven         NAME OF AGENCY :         Commissioner Seat 4         CHECK ONLY IF C CANDIDATE OR IN NEUD OR SOUGHT :         Commissioner Seat 4         CHECK ONLY IF C CANDIDATE OR INSCREPTION MUST BE COMPLETED ****         DISCLOSURE PERIOD:         THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.         MAINER OF CALCULATING REPORTABLE INTERESTS:         FILERS HAVE THE OPTION OF USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALU (see instructions for further datalit). CHECK THE ONE YOU ARE USING (must check one):         COMPARATIVE (PERCENTAGE) THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALU (see instructions for further datalit). CHECK THE ONE YOU ARE USING (must check one):         Matter of SOURCE       DOLLAR VALUE THRESHOLDS         PART A - PINARY SOURCES OF INCOME       ADDRESS         NAME OF SOURCE:       Custom Home Builder         VA       Disability (Military)         DEC Construction       700 Ohio Ave Lynn Haven		E NAME :			
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GITY:       ZIP:       COUNTY:         Rorida       32444       Bay         NAME OF AGENCY:       City of Lynn Haven         NAME OF OFFICE OR POSITION HELD OR SOUGHT:       Commissioner Seat 4         CHECK ONLY IF       CANDIDATE       OR         NAME OF SOURCE POSITION HELD OR SOUGHT:       Commissioner Seat 4         CHECK ONLY IF       CANDIDATE       OR         NAME OF CALCULATION REDPORTABLE       NEW EMPLOYEE OR APPOINTEE         **** THIS SECTION MUST BE COMPLETED ****         DISCLOSURE PERIOD:         THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.         MAME OF CALCULATING REPORTABLE INTERESTS         FILERS HAVE THE OPTION OF USING REPORTABLE INTERESTS:         FILERS HAVE THE OPTION OF USING REPORTABLE INTERESTS         FILERS HAVE THE OPTION OF USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALU       (ace instructions for further details). CHECK THE ONE YOU ARE USING (must check one):         OCMPARATIVE (PERCENTAGE) THRESHOLDS QE         DOLLAR VALUE THRESHOLDS         PART A - PRIMARY SOURCES OF INCOME         OF INCOME         ONCOME (Major output file output for perton" for "In")         NAME OF SOURCE       OF BUNCE	3217 Country Club Dr				
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FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIR         FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALU         (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):         COMPARATIVE (PERCENTAGE) THRESHOLDS       QR       DOLLAR VALUE THRESHOLDS         PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See Instructions]       DESCRIPTION OF THE SOURCE'S ADDRESS         OF INCOME       SOURCE'S ADDRESS       DESCRIPTION OF THE SOURCE'S ADDRESS         OF INCOME       700 Ohio Ave Lynn Haven       Custom Home Builder         V.A       Disability (Military)         PART B - SECONDARY SOURCES OF INCOME [Major customes of income to businesses owned by the reporting person - See instructions] (if you have nothing to report, write "none" or "n'a")       NAME OF SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (if you have nothing to report, write "none" or "n'a")         NAME OF BUSINESS ENTITY       OF BUSINESS' INCOME       OF SOURCE       ACTIVITY OF SOURCE INCOME [Major customers or "n'a"]       You are not limited to the space on 1 lines on this form. Attach additional sheets, if necessary.       FILLING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS for when an ad where to file this form are located at the bottom of page 2. INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	DISCLOSURE PERIOD:				
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V.A       Disability (Military)         PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")       Disability (Military)         NAME OF BUSINESS ENTITY       NAME OF MAJOR SOURCES OF BUSINESS INCOME       ADDRESS OF SOURCE       PRINCIPAL BUSINESS ACTIVITY OF SOURCE         n/a				Custom Home Builder	
PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")         NAME OF BUSINESS ENTITY       NAME OF MAJOR SOURCES       ADDRESS       PRINCIPAL BUSINESS ACTIVITY OF SOURCE         n/a       OF BUSINESS' INCOME       OF SOURCE       ACTIVITY OF SOURCE         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 space					
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and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file	(If you have nothing to report, write "none" or "n/a")				
				located at the bottom of page 2.	
this form and how to fill it out begin on page 3.				<ul> <li>INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.</li> </ul>	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a")	cates of deposit, etc See instructions] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
TYPE OF INTANGIBLE n/a	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
n/a		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or pos (If you have nothing to report, write "none" or "n/a") BUSII	sitions in certain types of businesses - See instructions] NESS ENTITY # 1 BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY n/a		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY	
SIGNATURE OF FILER: 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:	
Batt	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:	CPA/Attorney Signature:	
1/24/21		
	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.	<ul> <li>MULTIPLE FILING UNNECESSARY: A candidate who files a Form</li> <li>1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</li> </ul>	
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</u> returned.	WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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. <i>Candidates</i> must file at the same time they file their qualifying	
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, scar	papers. , <b>Thereafter</b> , file by July 1 following each calendar year in which they hold their positions. <b>Finally</b> , file a final disclosure form (Form 1F) within 60 days of leaving office or employment Filing a CE Form 1F (Final Statement	
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. <u>Do not file by both mail and email.</u> Choose only one filing method. Form 6s will not be accepted via email.	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, 2020	

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