FORM 1	STATEM	IENT OF	2020	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME :				
Halicas Jenna Print MAILING ADDRESS:				
227 S. Cove Tenace W.				
CITY:	ZIP: COUNTY:		\$23° \$000	
Panama City 32401 Bay 1030 \$323				
NAME OF AGENCY:				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
Commissioner Ward				
CHECK ONLY IF CANDIDATE OR 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 REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES				
			Y BASED ON PERCENTAGE VALUES	
(see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]				
(If you have nothing to report, write "none" or "n/a")				
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
, &				
N.				
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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	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE	
Southern live Dark		227 S. Core Ten	routh Remodels	
PART C REAL PROPERTY [Land, bu		n - See instructions]	You are not limited to the space on the	
(If you have nothing to report, write "none" or "n/a")			lines on this form. Attach additional	
FILING INSTRUCTIONS for when				
located at the bottom of page 2.				
803 E 2rd Court, Panama Uty INSTRUCTIONS on who must fil this form and how to fill it out begin on page 3.				

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(If you have nothing to report, write "non			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
	Mr.		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	e" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
	Mr.		
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	Southern Live Ouk		
ADDRESS OF BUSINESS ENTITY	227 S. Lac Tenger		
PRINCIPAL BUSINESS ACTIVITY	Remadels		
POSITION HELD WITH ENTITY	Member 1/c		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yy		
NATURE OF MY OWNERSHIP INTEREST	U		
agency created under Part III, Chapter 163 required to c	appointed school superintendents, and commissioners of a community redevelopment omplete annual ethics training pursuant to section 112.3142, F.S.  HAVE COMPLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILE Signature:  Date Signed:  2 10 21	CPA or ATTORNEY SIGNATURE ONLY  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,		
<b>FILING INSTRUCTIONS:</b>			
If you were mailed the form by the Commission on Et	hics or a County Candidates file this form together with their filing papers		

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 32320-75-515 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.

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, 2020.