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 MIDD	LE NAME :					
SMIN JURAY	windel					
689 GA AU	<u>u</u>					
Mexico Beah						
CITY:	ZIP: COUNTY:		<sup>cou</sup> /⁄⁄⁄ ₹23 <sup>2</sup> ⁄⁄⁄⁄			
NAME OF AGENCY:						
	NAME OF OFFICE OR POSITION, HELD OR SOUGHT:					
City Coma	Consul 2	-				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE				
**** 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 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 (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	l so	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Raid Road Ret.	Allers (	14.				
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 ADDR OF BUSINESS' INCOME I OF SOI		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
None						
(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.			
			FILING INSTRUCTIONS for when and where to file this form are			
			located at the bottom of page 2.			
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		structions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
RA			
,			
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 [ (If you have nothing to report, write "none"		sinesses - See instructions]  BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	NA		
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, agency created under Part III, Chapter 163 required to c		ion 112.3142, F.S.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHE	EET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R: CPA or ATT	ORNEY SIGNATURE ONLY	
Signature:	in good standing with t she must complete the l,  Form 1 in accordance instructions to the form	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:		CPA/Attorney Signature:	
1-29-21			
	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.

**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, 2020.