FORM 1	ENT OF		2019		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE Aorris Rockw					
MAILING ADDRESS : 942 Leatherwood Drive					
			Re	^{evd} 2020JUN10am08:5	
CITY: Drange Park					
NAME OF AGENCY : Aiddle Village CDD					
NAME OF OFFICE OR POSITION HEL Supervisor	D OR SOUGHT :				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE			
PART A PRIMARY SOURCES OF IN (If you have nothing to repo	REPORTABLE INTERESTS: SING REPORTING THRESHOLD NG COMPARATIVE THRESHOLD CHECK THE ONE YOU ARE U ERCENTAGE) THRESHOLDS COME [Major sources of income to to ort, write "none" or "n/a") SOU	DS THAT ARE ABSOLUTE DS, WHICH ARE USUALL (SING (must check one): OR	DOLLAF Y BASE AR VALL uctions]	R VALUES, WHICH REQUIRES TO ON PERCENTAGE VALUES JE THRESHOLDS SCRIPTION OF THE SOURCE'S	
OF INCOME Grace Chapel	ADD 2960 Plummer Cove Road, Jackson	PRESS nville, FL 32223	PRINCIPAL BUSINESS ACTIVITY Church		
vebGO.me, LLC	3942 Leatherwood Drive, Orange		web/graphic design		
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep NAME OF BUSINESS ENTITY	nd other sources of income to business	ses owned by the reporting per ADDRESS OF SOURCE	rson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
n/a					
PART C REAL PROPERTY [Land, but (If you have nothing to repo		n - See instructions]	lines of sheets	re not limited to the space on the on this form. Attach additional s, if necessary.	
Control of the Contro			and w locate INSTR this fe	there to file this form are and at the bottom of page 2. RUCTIONS on who must file form and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non-	ocks, bonds, certificat	es c	of deposit, etc See inst	(ructions)		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
n/a						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	e" or "n/a")					
NAME OF CREDITOR			ADDRESS OF CREDITOR			
Bank of America	Tampa, FL					
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	' or "n/a")		in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY	n/a					
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 AR	E CONTINUED O	N	A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILER: Signature: Lockyl forris Date Signed:		CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or altorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: 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:			
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 CEForm @leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filling 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 1 (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.				