FORM 1	STATEM	STATEMENT OF				
Please print or type your name, mailing address, agency name, and position below	FINANCIAL INTEREST		FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDE	DLE NAME :					
Griesi John	n Zachary		7.			
4557 Summerlake Circle						
CITY	ZIP: COUNTY:		2020 JUN 10 FRANKATEE OF THE PROPERTY IS OR OF			
Parrish FL 34219 Maratee			3 G			
NAME OF AGENCY :						
NAME OF OFFICE OR POSITION H	eld or sought: er Parrish FL Se	at #4	AM 9: 01 FELECTIONS			
CHECK ONLY IF CANDIDATE			- - -			
	**** THIS SECTION MUS	T BE COMPLETED				
DISCLOSURE PERIOD:	OUR FINANCIAL INTERESTS FO	IR CALENDAR YEAR END	DING DECEMBER 31, 2019.			
	REPORTABLE INTERESTS:					
FEWER CALCULATIONS, OR U (see instructions for further detail	USING REPORTING THRESHOLI SING COMPARATIVE THRESHOL S). CHECK THE ONE YOU ARE L PERCENTAGE) THRESHOLDS	.DS, WHICH ARE USUALI JSING (must check one):	EDOLLAR VALUES, WHICH REQUIRES LY BASED ON PERCENTAGE VALUES AR VALUE THRESHOLDS			
	INCOME [Major sources of income to t	he reporting person - See inst	tructions]			
NAME OF SOURCE OF INCOME		FRCE'S PRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
NJDiv. of Pension B	enefits POBOX 295 Tr	enton NJ08625	25-0295 Pension			
Social Security administration 300 Spring Garden St Phile P.			3-1999 Soc Security			
J			-			
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to	and other sources of income to busines report, write "none" or "n/a")	ses owned by the reporting pe	erson - See instructions]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME					
none						
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.			
4557 Summerlake Circle Parrish FL 34219			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.			
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")								
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Savings Account	TD Bank							
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non								
NAME OF CREDITOR	ADDRESS OF CREDITOR							
auGlamerican advisors Gray AuBux 40724 Lansing MI 48901 - 7924								
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 # 1								
NAME OF BUSINESS ENTITY	none		hone 1					
ADDRESS OF BUSINESS ENTITY				< 2	_= -6			
PRINCIPAL BUSINESS ACTIVITY				<u> </u>				
POSITION HELD WITH ENTITY				A C				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				To	ente			
NATURE OF MY OWNERSHIP INTEREST				Samuel Samuel				
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 SHEE	T, PLEASE CH	ECK HERE				
SIGNATURE OF FILE	R:	CPA or ATTORNEY SIGNATURE ONLY						
Signature: Date Signed:		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,						
6/9/2020	Da	Date Signed:						
FILING INSTRUCTIONS:	at							

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.

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