FORM 1	STATEM	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		7070		PH 12: 17
Lowery Lainie	Leighanr	1		
MAILING ADDRESS: 2715 Terra Ceia Bay Blvd, Unit 203		LAPER'	ThanATEE COUNTY LUPERVISOR OF ELECTIONS	
2715 Tolla Cola Bay Bira, Cal				
and the second s				
CITY: Palmetto	ZIP: COUNTY: 34221 Manates			
NAME OF AGENCY :				
Palms of Terra Ceia Bay CDD				
NAME OF OFFICE OR POSITION HELI Seat2	O OR SOUGHT :			
	OR NEW EMPLOYEE OR	APPOINTEE		
**	** THIS SECTION MILE	ET BE COMPLETED	<b>)</b> ****	
**** THIS SECTION <u>MUST</u> BE COMPLETED **** DISCLOSURE PERIOD:				
THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FO	OR CALENDAR YEAR ENI	DING DEC	CEMBER 31, 2019.
MANNER OF CALCULATING R	EPORTABLE INTERESTS:			A MILLEO MULIOU DEOLUDEO
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):		
	RCENTAGE) THRESHOLDS			E THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to rt, write "none" or "n/a")	the reporting person - See ins	tructions]	
NAME OF SOURCE   SOURCE'S		URCE'S	DESCRIPTION OF THE SOURCE'S	
OF INCOME		DRESS	PRINCIPAL BUSINESS ACTIVITY	
RCL Consulting Services of FL 2715 Terra Ceia Bay Blvd, Unit 203,		Blvd, Unit 203, Palmt	Consult	ung
PART B - SECONDARY SOURCES OF	INCOME	3		
[Major customers, clients, an	d other sources of income to busine	sses owned by the reporting po	erson - See	instructions]
NAME OF NAME OF MAJOR SOURCES ADDR		ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
N/A				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				e not limited to the space on the n this form. Attach additional
N/A				, 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.	