FORM 1	STATEMENT OF		2019		
Please print or type your name, mailing address, agency name, and position below:				FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME: PRIERS STEVEN H		020 JUP	1-9 PH 2:36		
MAILING ADDRESS:			JAMAGEE COUNTY JPERVISOR OF ELECTIONS		
LAKEWOOD RANCH EL 34202 MANATEE					
CHKEWOOD RANCH COET COUNTY:					
SUPERVISOR SERT # 2					
NAME OF OFFICE OR PÓSITION HELD OR SOUGHT:					
CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE			Nicology (U.S. S.		
**** THIS SECTION MUST BE COMPLETED ****					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.					
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR	G REPORTABLE INTERESTS: FUSING REPORTING THRESHOLI JSING COMPARATIVE THRESHOLI IIS). CHECK THE ONE YOU ARE U	LDS, WHICH ARE USUALL	DOLLAR Y BASEI	VALUES, WHICH REQUIRES O ON PERCENTAGE VALUES	
COMPARATIVE (PERCENTAGE) THRESHOLDS  OR DOLLAR VALUE THRESHOLDS  PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]					
PART A PRIMARY SOURCES Of (If you have nothing to	FINCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See instr			
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
SOCIAL SECURITY A	DM 6401 SECURITY 1	10401 SECURITY BLUD BAH MD			
U.S Life MSURANCE	1 1217 AAllaw Phum	2727 AAllen Phymy Houston, TX			
GREAT WEST FINAN		Ven, Col			
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 OF BUSINESS' INCOME	ME OF MAJOR SOURCES ADDRESS		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
FIRELTY MUGST	IRA DISTRIBUTION	P. O BOX TOOK	7	Brokers	
		CINCINNATI	Ohio	All and the second seco	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  You are not limited to the space on the space of the spa					
(If you have nothing to report, write "none" or "n/a")  HOME AL 6946 BRIER CNEEK CY KWRFC34202		LWA FC 34202		n this form. Attach additional , if necessary.	
			and w	GINSTRUCTIONS for when here to file this form are dat the bottom of page 2.	
				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	