FORM 1	STATEM	IENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	SPERV	SFOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDL	E NAME :			
TILLETT JU MAILING ADDRESS:	LIG DELE	SLINE		
P.O. BOX 231				
TERRA CEIA CITY: MANATEE RIVER SOIL	34267 MA ZIP: COUNTY: & WATER CONSERVAT	INATEE		
NAME OF AGENCY: SUPERVISOR, GROUNAME OF OFFICE OR POSITION HE		,		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	APPOINTEE		
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.				
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		JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
SCHAOL DISTRICT OF	0	44 . 6		ICUITURE TEACHER
MANATEE COUNTY	BRADENTON, F	L 34705		3/2 2113
	,			
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busine	sses owned by the reporting p	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NIA				
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.	
			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 healn on page 3.	