| FORM 1 | STATEME | ENT OF | 2019 | | |
|--|---|--|----------------------|---|--|
| Please print or type your name, mailing | FINANCIAL I | | FOR OFFICE USE ONLY: | | |
| LAST NAME - FIRST NAME - MIDDLE | E NAME : | | | | |
| Perra Gregor | | | | | |
| 12503 Natureview Circle | | | | 202 | |
| | ZIP: COUNTY: | | | RECEIVISON | |
| CITY: Bradenton | FL Manatee | | | | |
| NAME OF AGENCY : | | | | ELECTRIC & | |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT: | | | | <u> </u> | |
| Greyhawk Landing CDD Seat | OR NEW EMPLOYEE OR A | APPOINTEE | | | |
| | *** THIS SECTION MUST | | **** | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING FILERS HAVE THE OPTION OF LEADING OF LEAD | OUR FINANCIAL INTERESTS FOR REPORTABLE INTERESTS: USING REPORTING THRESHOLD THRESHOLD | R CALENDAR YEAR END IS THAT ARE ABSOLUTE DS. WHICH ARE USUAL | DOLLAR | VALUES, WHICH REQUIRES | |
| (see instructions for further details |). CHECK THE ONE YOU ARE UPERCENTAGE) THRESHOLDS | Olivo (made direction) | | E THRESHOLDS | |
| DARTA PRIMARY SOURCES OF L | NCOME [Major sources of income to the port, write "none" or "n/a") | ne reporting person - See inst | ructions] | | |
| NAME OF SOURCE OF INCOME | sou | SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| Voya Financial | 230 Park Ave New Yor | 230 Park Ave New York, NY 10169 | | Financial | |
| VOJUTIMA | | | | | |
| | | | | | |
| | | | | | |
| PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re | OF INCOME and other sources of income to busines eport, write "none" or "n/a") | sses owned by the reporting p | erson - See | instructions] PRINCIPAL BUSINESS | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | ACTIVITY OF SOURCE | |
| n/a | | | | | |
| | | | | | |
| | | | | A limited to the areas on the | |
| PART C REAL PROPERTY [Land (If you have nothing to re | 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. | |
| | | | u bac | G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2. | |
| | | | INSTI | RUCTIONS on who must file orm and how to fill it out on page 3. | |