| FORM 1  | STATEM  | STATEMENT OF<br>FINANCIAL INTERESTS                                      |                   | 2019 FOR OFFICE USE ONLY:   |  |
|---|---|--|-------------------|---|--|
| Please print or type your name, malling address, agency name, and position below:   | FINANCIAL   |  |                   |   |  |
| LAST NAME - FIRST NAME - MIDDLE MATHEMATING ADDRESS:  | LETTE PENE  |  | em                | OSC SOE APR1'208:58   |  |
| 1117 MONURDE  | ALVE  |  |                   |   |  |
| CITY:<br>ST. CLAUD<br>NAME OF AGENCY:   | 34769 COUNTY:   | CEDIA  |                   |   |  |
| NAME OF OFFICE OR POSITION HE   | CLOUD<br>ELD OR SOUGHT:   |  |                   |   |  |
| 8EAT 2 (  | ITY COUNCIL   | _  |                   |   |  |
| CHECK ONLY IF CANDIDATE   | OR NEW EMPLOYEE OR  | APPOINTEE  |                   | The second second   |  |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR US (see instructions for further details | REPORTABLE INTERESTS:<br>USING REPORTING THRESHOLI<br>SING COMPARATIVE THRESHOL   | DS THAT ARE ABSOLUTE<br>LDS, WHICH ARE USUALL<br>USING (must check one): | DOLLAR<br>Y BASED | VALUES, WHICH REQUIRES  |  |
| PART A PRIMARY SOURCES OF   | NCOME [Major sources of income to   |  |                   | - 11112011020   |  |
| (If you have nothing to re NAME OF SOURCE OF INCOME   |   | source's ADDRESS   |                   | SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY   |  |
| OSCEPLA COUNTY  | 1 COVETHOUS   | ESQ, STE   | 6                 | OVT   |  |
|   | 3100 KI   | 85 19 34741  |                   | 17.   |  |
| St. CLOUD CETY  | 1300 ym ST,   | 1300 9th ST, ST. CLOUDER GOVT  |                   |   |  |
| PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to a  NAME OF BUSINESS ENTITY  | OF INCOME and other sources of income to busines eport, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME |  | rson - See        | PRINCIPAL BUSINESS ACTIVITY OF SOURCE   |  |
| CINIBOLLINGET   | RENTAL  | 1117 MONPOE  | AV                | RENTAL  |  |
| 4   | PENITIVE  | ST. CLOUDF   |                   | A LOVE CO. IN A SECOND SECOND   |  |
| 54.   |   |  | 769               | Setting Control World Control State   |  |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")                    |   |  | lines of sheets,  | e not limited to the space on the<br>n this form. Attach additional<br>if necessary.                      |  |
| 1117 MONUROE AS   | E, STCLOUD FL   | 34769  | and will locate   | here to file this form are d at the bottom of page 2.  UCTIONS on who must file rm and how to fill it out |  |

| (If you have nothing to report, write "none" or "n/a  | ds, certificates of deposit, etc See in:   | structions]  |
|---|--|--|
| TYPE OF INTANGIBLE  | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES  |  |
| cash, bonds stocks,   | SELF   |  |
| retirement def comp   |  |  |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a NAME OF CREDITOR         |  | SS OF CREDITOR   |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownershi (If you have nothing to report, write "none" or "n/a") NAME OF BUSINESS ENTITY | p or positions in certain types of bus<br>BUSINESS ENTITY # 1  | inesses - See instructions]  BUSINESS ENTITY # 2   |
| ADDRESS OF BUSINESS ENTITY  |  |  |
| PRINCIPAL BUSINESS ACTIVITY   | and the second second  | San State Order  |
| POSITION HELD WITH ENTITY   | a water to the control of the contro | The Billian In Page  |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS   | Carriellana  |  |
| NATURE OF MY OWNERSHIP INTEREST   |  |  |
| For elected municipal officers required to complete annual ethics  I CERTIFY THAT I HAVE  IF ANY OF PARTS A THROUGH G ARE CONTI     | COMPLETED THE REQ  | UIRED TRAINING.  |
| I ANT OF TARTO A THROUGH & ARE CONTI  | NUED ON A SEPARATE SHE   | -i, i LLINGE OFFICE CITETIES   |
| SIGNATURE OF FILER:   |  |  |
| SIGNATURE OF FILER: Signature: Date Signed:   | CPA or ATTO  If a certified public according good standing with the she must complete the l,  Form 1 in accordance with the standard stand | puntant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement:  prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the stand correct. |
| SIGNATURE OF FILER: Signature:  May L   | CPA or ATT(  If a certified public according good standing with the she must complete the light of the she must complete the light of the she must consider the she must conside | puntant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement:  prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the stand correct. |

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.

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.