FORM 1	STATEMENT OF			2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE	NAME :				
ARCE JORGE ART	URD				
AAILING ADDRESS: 2102 CONGRESS LA	NE				
and a second				OSC SOE JUN8'2013:1	
SAINT CLOUD	ZIP: COUNTY: 34769 DSCE	OLA			
NAME OF AGENCY :	T. Arushing T	it Then			
ANTHEM PARK COMMUN		ISINICI ISUANA			
SUPERVISOR SENT & 4	4				
		APPOINTEE			
:	** THIS SECTION MUS) **		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU				CEMBER 31, 2019.	
FILERS HAVE THE OPTION OF USI FEWER CALCULATIONS, OR USIN (see instructions for further details). COMPARATIVE (PER PART A – PRIMARY SOURCES OF INC	G COMPARATIVE THRESHO CHECK THE ONE YOU ARE RCENTAGE) THRESHOLDS	LDS, WHICH ARE USUAL USING (must check one): OR DOLL	LY BASE		
(If you have nothing to repor	t, write "none" or "n/a")				
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
VETERAN ADMINISTRATION	U.S. ARMY	U.S. ARMY		OVERTMENT	
SOCIAL SECURITY	SOEIAL SECULITY		6	ANU FACTURING CO.	
MERENRY MANINE	SCETAL SECULITY 1000 Robinson AVE. SAINT Cloud FL.		M	ANU FACTURING CO.	
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	l other sources of income to busine	sses owned by the reporting pe	rson - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	at/n				
	MAR				
	10/0				
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.			
1/12			and wi	BINSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
	10/11			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

CE FORM 1 - Effective: January 1, 2020 Incorporated by reference in Rule 34-8,202(1), F.A.C.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non-		ites of deposit, etc See ins	structions]	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
1/10				
N/17				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	And the second s			
	e" of hia j			
			SS OF CREDITOR	
FIRST-KNOX NATIONAL BANK	ONE SOUTH	MAIN STREET, 1	MOUNT VERNON . OH. 43050	
PART F INTERESTS IN SPECIFIED BUSINESSES		ions in certain types of bus	sinesses - See instructions]	
(If you have nothing to report, write "none"		ESS ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	 			
ADDRESS OF BUSINESS ENTITY	ALI	/		
PRINCIPAL BUSINESS ACTIVITY	<u> </u>	4		
POSITION HELD WITH ENTITY	/ //	/ 1		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	//			
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING		to contion 110 3147		
For elected municipal officers required to complete and	Contract and Contraction of State	en en l'esta en la resta d'esta contra contrasta de la contrasta de la contrasta de la contrasta de la contrast		
	HAVE COMP	LEIED INE REQU	UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED C	ON A SEPARATE SHE	ET, PLEASE CHECK HERE 🛛 🕅	
SIGNATURE OF FILE	.R:	CPA or ATT	ORNEY SIGNATURE ONLY	
		If a certified public acco	ountant licensed under Chapter 473, or attorney	
Signature:		in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:		
Jourge & Anne		I,	, prepared the CE	
		Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the		
Date Signed:		disclosure herein is true and correct.		
06/05/2020		CPA/Attorney Signature:		
06/03/0000		Date Signed:		
FILING INSTRUCTIONS:		Date signed		
	this or a County	Condidates file this form		
If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the			together with their filing papers. IECESSARY: A candidate who files a Form	
form to that location. To determine what category you under, see page 3 of instructions.	our position rails	1 with a qualifying officer or Supervisor of Election	r is not required to file with the Commission	
Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not		WHEN TO FILE: Initially	y, each local officer/employee, state officer.	
permanently reside in Florida, file with the Supervisor of the county		and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment.		
where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your		Appointees who must be	e confirmed by the Senate must file prior to t is less than 30 days from the date of their	
Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be</u>		appointment.	IS less than 50 days nom the date of them	
use. Do not email your form to the Commission on	Ethics, it will be			
returned.	Etrics, it will be	Candidates must file at	t the same time they file their qualifying	
<u>returned</u> . State officers or specified state employees we Commission on Ethics may file by mail or email.	ho file with the To file by mail.	Candidates must file at papers. Thereafter, file by July 1		
returned. State officers or specified state employees wi	ho file with the To file by mail, Tallahassee, FL Bidg E, Ste 200	<i>Candidates</i> must file at papers. <i>Thereafter</i> , file by July 1 hold their positions.	t the same time they file their qualifying following each calendar year in which they losure form (Form 1F) within 60 days of	

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.

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.

CE FORM 1 - Effective: January 1, 2020. Incorporated by reference in Rule 34-8.202(1), F.A.C.