FORM 1		STATEN	IENT OF		2019	
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTERESTS	sΓ	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MII	DDLE N	AME :				
Grove Me	lissa	Diana			JUN 10 '20 PM3:32	
MAILING ADDRESS :					OSC SOE	
6829 Sundrop Street						
CITY :	;	ZIP : COUNTY :				
Harmony	34	773 Osceola	a			
NAME OF AGENCY :						
Harmony CDD						
NAME OF OFFICE OR POSITION	HELD	OR SOUGHT :				
David Farnsworth Seat 1						
CHECK ONLY IF Z CANDIDAT	E OF		R APPOINTEE			
	****	THIS SECTION MU	ST BE COMPLETE	D ****		
DISCLOSURE PERIOD:				U		
THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2019.	
MANNER OF CALCULATIN		ORTARI E INTERESTS				
					R VALUES, WHICH REQUIRES	
FEWER CALCULATIONS, OR	JSING	COMPARATIVE THRESHO	LDS, WHICH ARE USUAI	LLY BASE	D ON PERCENTAGE VALUES	
(see instructions for further deta						
COMPARATIVE	(PERC	CENTAGE) THRESHOLDS		AR VAL	JE THRESHOLDS	
PART A PRIMARY SOURCES OF (If you have nothing to	F INCON report, v	ME [Major sources of income to write "none" or "n/a")	the reporting person - See ins	structions]		
NAME OF SOURCE		I so	URCE'S	DESCRIPTION OF THE SOURCE'S		
OF INCOME			DRESS	PRINCIPAL BUSINESS ACTIVITY		
Employer - PULAU Corpor	ation	12633 Challenger Pkv	vy. Orlando, 32826	826 Military Training & Staffing		
and the second						
PART B – SECONDARY SOURCE [Major customers, clients (If you have nothing to	, and ot	her sources of income to busine	sses owned by the reporting pe	erson - See	instructions]	
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NONE						
NONE						
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") 5829 Sundrop St Harmony, FL 34773				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			
ala da anticipation de la companya d			this form and how to fill it out begin on page 3.			

		-						
	PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
NONE			SUGINEOU ENTITY OF					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non NAME OF CREDITOR								
NAME OF CREDITOR			AUURES	SS OF CREDITOR				
INDINE								
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none" NAME OF BUSINESS ENTITY	" or "n/a")		ns in certain types of bus S ENTITY # 1	BUSINESS ENTITY # 2				
ADDRESS OF BUSINESS ENTITY	NONE							
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.								
IF ANY OF PARTS A THROUGH G ARE		ON	A SEPARATE SHE	ET, PLEASE CHECK HERE				
SIGNATURE OF FILE	R:			ORNEY SIGNATURE ONLY				
Signature:		If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:						
Melissa D Grove) Grove IRATION, 475C700011E3C, cn=Melissa D Grove 04'00'	-	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 disclosure herein is true and correct.					
Date Signed:								
JUNE 02, 2020		CPA/Attorney Signature:						
		-	Date Signed:					
FILING INSTRUCTIONS:								
If you were mailed the form by the Commission on Eth Supervisor of Elections for your annual disclosure form to that location. To determine what category you under, see page 3 of instructions.	filing, return the our position falls	Candidates file this form together with their filing papers. 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.						
Local officers/employees file with the Supervise of the county in which they permanently reside. permanently reside in Florida, file with the Supervise where your agency has its headquarters.) Form 1 file the Supervisor of Elections may file by mail or ema Supervisor of Elections for the mailing address or e use. <u>Do not email your form to the Commission on</u> returned.	(If you do not or of the county ers who file with ail. Contact your email address to	WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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.						
State officers or specified state employees wh	no file with the	Candidates must file at the same time they file their qualifying papers.						
Commission on Ethics may file by mail or email. send the completed form to P.O. Drawer 15709,	To file by mail, Tallahassee, FL	<i>Thereafter</i> , file by July 1 following each calendar year in which they hold their positions.						
32317-5709; physical address: 325 John Knox Rd, E Tallahassee, FL 32303, To file with the Commission	Bldg E, Ste 200,	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. <u>Do not file by both mail and email. Choose only one</u> <u>filing method</u>. 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.