FORM 1	STATEM	CATEMENT OF 2019		
Please print or type your name, mailing address, agency name, and position below:				FFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE MARTINEZ, HE MAILING ADDRESS:		JUN 12'20 AM10:09 OSC SOE		
St. Cloud 3 CITY: Anther Park Con NAME OF AGENCY: Board Supervi NAME OF OFFICE OR POSITION HEL	ant Dist. APPOINTEE		OSC SOE	
**	*** THIS SECTION MUS	T BE COMPLETED	***	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO				31, 2019.
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details). COMPARATIVE (PI	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	LDS, WHICH ARE USUAL JSING (must check one):		RCENTAGE VALUES
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		the reporting person - See inst	uctions]	
10 mile 31 3331132		DRCE'S DRESS CK KISSITHEE	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY TEACher / High School	
PART B - SECONDARY SOURCES O [Major customers, clients, al (If you have nothing to rep	nd other sources of income to busine	sses owned by the reporting pe	son - See instruction	ns]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") 1881 Centernial AUE, St. Cloud, FL 3476			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	
			INSTRUCTIONS	bottom of page 2. S on who must file how to fill it out 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates	s of deposit, etc See ins	tructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Stocks-8,000	TD Aneu	itrade				
7	10 /1110	7,000				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	The same and the s					
NAME OF CREDITOR	EDITOR I ADDRESS OF CREDITOR					
TAXME OF CIVEDITOR	ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPECIFIED BUSINESSES		s in certain types of bus	inesses - See instructions]			
(If you have nothing to report, write "none"	BUSINESS	S ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	NIA		N/A			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY			*			
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
PART G — TRAINING						
For elected municipal officers required to complete and						
☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.						
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY				
		If a certified public accountant 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:				
		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					
Date Signed:		CPA/Attorney Signature:				
6/12/20						
		Date Signed:				
FILING INSTRUCTIONS:						

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 filling method. Form 6s will not be accepted via email.

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.

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.