FORM 1	STATEM	IENT OF	2020	
Please print or type your name, mailing address, agency name, and position below:	INTERESTS	FOR OFFICE USE ONLY:		
Rivera - Victor	LE NAME :			
4202 Needle Palm	n Court	16 4 2 40	0SC S0E JUL21'218:38	
Saint Cloud	zip: county: 0	sceola		
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HI City of St. Cloud Cour	eld or sought: noil Seat #3			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	RAPPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	**** THIS SECTION MUS OUR FINANCIAL INTERESTS FO			
FEWER CALCULATIONS, OR US (see instructions for further details	USING REPORTING THRESHOLI SING COMPARATIVE THRESHOI	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	E DOLLAR VALUES, WHICH REQUIRE: LLY BASED ON PERCENTAGE VALUE: : LAR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF I (If you have nothing to re	NCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Public Adjuster	4202 Needle Pali	n Court, St. Cloud	ad Claim Adjusting & Estimating	
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 po	erson - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None				
CONTRACTOR OF STORY WE ARE		Land Laws of the		
PART C REAL PROPERTY [Land, in the control of th	buildings owned by the reporting person port, write "none" or "n/a")	n - See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	1
	100 March 100 Ma		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
			INSTRUCTIONS on who must file 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						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
None						
			k da ta it			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY	N_{on}	e				
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY			30.5			
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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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 CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE OF FILE	:R:	CPA or ATTORNEY 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:				
- U.J.C.		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:		CPA/Attorney Signature:				
		Date Signed:				
FILING INSTRUCTIONS:		107 MAGE 257 E.				

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. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

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.

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, 2020.