## RECEIVE 2017 FORM 1 STATEMENT OF FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: 2018 JUN 19 AM IN: 45 LAST NAME - FIRST NAME - MIDDLE NAME : Brown Steven BRIAK E. CORLEY SUPERVISOR OF ELECTIONS LAND O'LAKES, FLORIDA MAILING ADDRESS : 31137 Stone Arch Ave CITY: COUNTY: 33545 Wesley Chapel Pasco NAME OF AGENCY: Bridgewater of Wesley Chapel Community Development District NAME OF OFFICE OR POSITION HELD OR SOUGHT: Seat 3 You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF Z CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE \*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\* **DISCLOSURE PERIOD:** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR. WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): **DECEMBER 31, 2017** OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): M **COMPARATIVE (PERCENTAGE) THRESHOLDS DOLLAR VALUE THRESHOLDS** OR PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") SOURCE'S DESCRIPTION OF THE SOURCE'S NAME OF SOURCE PRINCIPAL BUSINESS ACTIVITY **ADDRESS** OF INCOME Johnson Controls 3802 Sugar Palm Drive Tampa FL 33619 **Building Efficiency** PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS NAME OF OF BUSINESS' INCOME ACTIVITY OF SOURCE **BUSINESS ENTITY** OF SOURCE N/A PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] FILING INSTRUCTIONS for when (If you have nothing to report, write "none" or "n/a") and where to file this form are located at the bottom of page 2. N/A **INSTRUCTIONS** on who must file N/A this form and how to fill it out begin on page 3. N/A

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    Publishess Entity To Marich The Property Rel ATES			
TYPE OF INTANGIBLE  JCI Common Stock	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES  Johnson Controls		
JCI COMMON SLOCK	Johnson Controls	·	
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Bank of America	1920 Bruce B. Down Blvd. Wesley Chapel, FL 33545		
GTE Financial	21827 State Road 54 Lutz, FL 33549		
	BUSINESS	SENTITY # 1 N/A  Suant to section 112.3142  ETED THE REQ	BUSINESS ENTITY # 2  SUPPLIA THE CELVE  AND O'LAKES FOR EY  PROPERTY AS A SECTION SERVICE AND O'LAKES FOR EY  PROPERTY AS A SECTION SERVICE AND O'LAKES FOR EY  PROPERTY AS A SECTION SERVICE AND A SECTION SECT
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
Signature:  Signature:  Date Signed:  6-18-18		CPA or ATTORNEY SIGNATURE ONLY  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:  I,	

## **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) and send it to CEForm1@leg.state.fl.us. 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, 2017.