FORM 1	STATEN	MENT OF		2019		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDD	1 1					
Moodard Norm to	2 Lytreal					
37747 Sumner	Avenue					
Dade City A	33523 Pas	300		FED 1 1 2000		
City of DadeCity	ZIP: COUNTY			FEB 1 1 2020		
NAME OF AGENCY.			agis			
NAME OF OFFICE OR POSITION HI	ED OR SOUGHT					
CHECK ONLY F CANDIDATE	OR NEW EMPLOYEE OF	R APPOINTEE				
**** THIS SECTION MUST BE COMPLETED ****						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.						
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):	LT DASC	DON PERCENTAGE VALUES		
☐ COMPARATIVE (F	PERCENTAGE) THRESHOLDS	OR DOLL	AR VAL	UE THRESHOLDS		
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")						
NAME OF SOURCE OF INCOME	I .	URCE'S		ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
Pasco Courty Schools	7827 Land D'L	akes Blyd of 34/238	10 tels Education			
United States Army 1300 Bruce B. Downs Blid Tarry			15 VA Visabilty			
				/		
PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re	OF INCOME and other sources of income to busine port, write "none" or "n/a")	sses owned by the reporting per	rson - See	instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NIA						
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			lines o	e not limited to the space on the n this form. Attach additional , if necessary.		
N/PT			FILING and w	S INSTRUCTIONS for when here to file this form are		
				d at the bottom of page 2. UCTIONS on who must file		
•			this fo	orm and how to fill it out on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY (Store) (If you have nothing to report, write "none	cks, bonds, certificate or "rvia")	s of deposit, etc See in	structions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NIA				
		to the second	No.	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none	i" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
KIA	•			
PART F — INTERESTS IN SPECIFIED BUSINESSES (Of (If you have nothing to report, write "none") NAME OF BUSINESS ENTITY	or "n/a")	s in certain types of but S ENTITY # 1	sinesses - See instructions] BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY			100	
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 annu	ual ethics training pun	suant to section 112.3142	P, F.S.	
☐ I CERTIFY THAT I I	HAVE COMPL	ETED THE REQ	UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, 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:			
Date Signed: July 7, 2020	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:				
February 7, 2020	CPA/Attomey Signature: Date Signed:			
FILING INSTRUCTIONS:	10000	Name of the last o		
if you were mailed the form by the Completion on Eth	den er e Caucht - C		for all an with the to filling many and	

If you were malled 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, Bidg 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 mall 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.