FORM 1	STATE	MENT OF	2019
Please print or type your name, malling address, agency name, and position be	FINANCIAL FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - M	DDLE NAME		_
Nathe, Knuts	e John		
36150 markrue	castle Aveni	re	
Dade City	335) 5 Pas C ZIP: COUNTY:	0	FEB 1 3 2020 0200
NAME OF AGENCY:			
City of Da			
NAME OF OFFICE OR POSITION	4	2	
CITY COMMISSI	en of Dade City. TE OR I NEW EMPLOYEE O	C-P. 4	
	THE THE POPULATION OF THE O	TOTAL CONTINUES	
	**** THIS SECTION MU	ST BE COMPLETED	***
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	YOUR FINANCIAL INTERESTS F	OR CALENDAR YEAR END	DING DECEMBER 31, 2019.
MANNER OF CALCULATIN	G REPORTABLE INTERESTS		
FILERS HAVE THE OPTION O	F USING REPORTING THRESHOL	DS THAT ARE ABSOLUTE	DOLLAR VALUES, WHICH REQUIRES
			Y BASED ON PERCENTAGE VALUES
	nils). CHECK THE ONE YOU ARE	•	
☐ COMPARATIVE	(PERCENTAGE) THRESHOLDS	OR Q DOLLA	AR VALUE THRESHOLDS
	FINCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See instr	uctions]
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
mcligin Alfonso,	8A 37908 Church	Ave. D.C. 33525	Law office
* · ·			
	s, and other sources of income to busine	sses owned by the reporting per	son - See instructions]
(If you have nothing to	report, write "none" or "n/a")		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
\sim	0	N	E
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
Δ / Δ			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.
Y			

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			
Share 5	Cornerstone moderately Aggressive Fund			
Land Colonia (1979)				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Fed Loan Servicing	P.O. Box 69184	Harrisburg, PA. 17106-9184		
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		BOSINESS ERTH 1 # 2		
ADDRESS OF BUSINESS ENTITY		\wedge		
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST	/ V			
PART G — TRAINING 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	CONTINUED ON A SEDAPAT	E SHEET DI EASE CHECK HEDE		
SIGNATURE OF FILE		CPA or ATTORNEY SIGNATURE ONLY		
Signature:	in good standir	ablic accountant licensed under Chapter 473, or attorney or with the Florida Bar prepared this form for you, he or		
she must complete the following statement:				
Must the	Form 1 in accc	t,, 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:				
2/13/2020	CPA/Attorney S	CPA/Attorney Signature:		
	Date Signed:	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. 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 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

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.

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

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.