FORM 1	STATEMEN	T OF	2019
Please print or type your name, mailing address, agency name, and position below	FINANCIAL IN	TERESTS	ECEPROFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDI		202	1 11N 0 -
MAILING ADDRESS:	William		0 JUN -8 PM 12: 37
25242 Flying Ebe	ny LN	SUPE	RVISOR OF ELECTIONS
Wesley Chargel	FC BUYY PARCU		LORIDA
CITY:	ZIP: COUNTY:		
NAME OF AGENCY:	unity Pavalopment Dist	RICT	
ASSISTANT Secret	try Sect 2		
NAME OF OFFICE OR POSITION I			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPO	INTEE	
Silest one in Education			
DISCLOSURE PERIOD:	**** THIS SECTION MUST BI	COMPLETE) ****
기계 (6) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	OUR FINANCIAL INTERESTS FOR CA	LENDAR YEAR ENI	DING DECEMBER 31, 2019.
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR U	G REPORTABLE INTERESTS: USING REPORTING THRESHOLDS TH SING COMPARATIVE THRESHOLDS, V s). CHECK THE ONE YOU ARE USING	VHICH ARE USUAL	LY BASED ON PERCENTAGE VALUES
	(PERCENTAGE) THRESHOLDS OR		AR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF	INCOME [Major sources of income to the repo	orting person - See inst	tructions]
(If you have nothing to re	eport, write "none" or "n/a")		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	6 / /	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Social Security	100 WEST High Ri	56	Retired
	Security BLUD		
	BACTINGE MD	21235	
	OF MODELS		
	and other sources of income to businesses ow report, write "none" or "n/a")	ned by the reporting pe	erson - See instructions)
NAME OF	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
Nowe			
	buildings owned by the reporting person - See eport, write "none" or "n/a")	instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
6.000			FILING INSTRUCTIONS for when
NONE			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.

(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	("י		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Nowe			
(If you have nothing to report, write "none" or "n/a") NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 PS S		
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	AREA ON PE		
POSITION HELD WITH ENTITY	>n 4 m		
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	STO P <		
NATURE OF MY OWNERSHIP INTEREST	TEEL ST D		
IF ANY OF PARTS A THROUGH G ARE CONT	COMPLETED THE REQUIRED TRAINING. INUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY		
Signature: William Palerni	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: 1,		
Date Signed: (4/3/2020	CPA/Attorney Signature: 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 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

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.