FORM 1	STATEMI	ENT OF	RECEIVED 2019
Please print or type your name, mailing address, agency name, and position belo LAST NAME - FIRST NAME - MID			S FOR OFFICE USE ONLY:
MAILING ADDRESS	ichael Ballard		NAME CORLEY
1319 Crimin	-low hanc	LAN	DO'LAKES. FLORIDA
Westery apel	33543 Pasco ZIP COUNTY		
NAME OF AGENCY Meadur Point 1 COL NAME OF OFFICE OR POSITION			
		PPOINTEE	
MANNER OF CALCULATING FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR U (see instructions for further detail		THAT ARE ABSOLUT S. WHICH ARE USUA ING (must check one	E DOLLAR VALUES, WHICH REQUIRES
	INCOME (Major sources of income to the eport, write "none" or "n/a")	reporting person - See in	structions]
NAME OF SOURCE OF INCOME	SOURC		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Highling Construction +	1319 Crimin Chan	r have	Contractor
Remodeling LLC	Wesley Ampel, fr.	3)543	
PART B - SECONDARY SOURCES [Major customers, clients (If you have nothing to NAME OF	and other sources of income to businesses report, write "none" or "n/a") NAME OF MAJOR SOURCES	s owned by the reporting p	person - See instructions) PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
N/A			
	buildings owned by the reporting person - port, write "none" or "n/a")	See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
	is Bud Westy Comp	4,11 73543	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.

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PART D - INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, o	ertificates 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
IRA ROIJRA SZEBLZ), BOWM Prince	ar Investment,
Aus	
PART E - LIABILITIES [Major debts - See instructions]	
(If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Third federal Survey + Loan 11707	N. Onie Buby Hwy, Timps, 1- 33629
PART F - INTERESTS IN SPECIFIED BUSINESSES [Ownership of	r positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")	
NAME OF DUCKNESS FACTOR	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY HIGH-	- CLOVE LOVE Westy God fL3 25 - 2
PRINCIPAL BUSINESS ACTIVITY Contract	504 1 0
POSITION HELD WITH ENTITY ()	se vom
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS yes -	SULL STO A <
NATURE OF MY OWNERSHIP INTEREST Participant	
PART G — TRAINING For elected municipal officers required to complete annual ethics tra	
For elected municipal officers required to complete annual ethics tra	ining pursuant to section 112.3142, F.S. >ス ー OMPLETED THE REQUIRED TRAINING.
For elected municipal officers required to complete annual ethics tra I CERTIFY THAT I HAVE CO IF ANY OF PARTS A THROUGH G ARE CONTINU	Ining pursuant to section 112.3142, F.S.
For elected municipal officers required to complete annual ethics tra	Ining pursuant to section 112.3142, F.S. OMPLETED THE REQUIRED TRAINING. JED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY
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For elected municipal officers required to complete annual ethics tra I CERTIFY THAT I HAVE CONTINUE IF ANY OF PARTS A THROUGH G ARE CONTINUE SIGNATURE OF FILER: Signature:	Ining pursuant to section 112.3142, F.S. OMPLETED THE REQUIRED TRAINING. JED ON A SEPARATE SHEET, PLEASE CHECK HERE Market C
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For elected municipal officers required to complete annual ethics training I CERTIFY THAT I HAVE CO IF ANY OF PARTS A THROUGH G ARE CONTINU Signature: Joate Signed: 6/9/2020	Ining pursuant to section 112.3142, F.S. OMPLETED THE REQUIRED TRAINING. IED ON A SEPARATE SHEET, PLEASE CHECK HERE ICPA 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 rhust complete the following statement: 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. CPA/Attorney Signature: Date Signed
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For elected municipal officers required to complete annual ethics tra I CERTIFY THAT I HAVE CO IF ANY OF PARTS A THROUGH G ARE CONTINU SIGNATURE OF FILER: Signature: Date Signed: C/9/2020 FILING INSTRUCTIONS: If you were mailed the form by the Commission on Ethics or a Co Supervisor of Elections for your annual disclosure filing, return form to that location. To determine what category your position under, see page 3 of instructions. Local officers/employees file with the Supervisor of Elect	Ining pursuant to section 112.3142, F.S. OMPLETED THE REQUIRED TRAINING. IED ON A SEPARATE SHEET, PLEASE CHECK HERE 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:
For elected municipal officers required to complete annual ethics tra I CERTIFY THAT I HAVE CO IF ANY OF PARTS A THROUGH G ARE CONTINU SIGNATURE OF FILER: Signature: Date Signed: C/9/2020 FILING INSTRUCTIONS: If you were mailed the form by the Commission on Ethics or a Co Supervisor of Elections for your annual disclosure filing. return form to that location. To determine what category your position under, see page 3 of instructions.	A specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment of the is of the appointment or of the beginning of employment of the is the is less than 30 days from the date of the is

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, Taliahassee, FL 32317-5709, physical address 325 John Knox Rd, Bldg E, Ste 200, Taliahassee, 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.

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.