FORM 1	STATEM	STATEMENT 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 – MIDDLE McCaig Shawn					
MAILING ADDRESS: 19102 Lone Creek Ct.					
CITY:	ZIP: COUNTY:			2020	
Land O Lakes  NAME OF AGENCY:	34638 Pasco				
N/A				** ** ***	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:  LakeShore Ranch CDD Seat #1				PM 12:	
CHECK ONLY IF 🖸 CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE		30	
**** THIS SECTION MUST BE COMPLETED ****  DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.					
MANNER OF CALCULATING FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USII (see instructions for further details).  COMPARATIVE (PE	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUT LDS, WHICH ARE USUA USING (must check one	LLY BAS ):	-	
PART A PRIMARY SOURCES OF IN-	COME [Major sources of income to ort, write "none" or "n/a")	the reporting person - See in	structions]		
NAME OF SOURCE OF INCOME	1	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PwC	4040 W. Boy Scout Bl	vd. Tampa FL	Professional Services		
(If you have nothing to rep	nd other sources of income to busine port, write "none" or "n/a")		person - Se		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")  None			lines	re not limited to the space on the on this form. Attach additional s, if necessary.	
			and v	IG INSTRUCTIONS for when where to file this form are sed at the bottom of page 2.	
			this	RUCTIONS on who must file form and how to fill it out n on page 3.	

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PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor		s of deposit, etc See ins	tructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Bank Accounts	P.O. Box 4418, Atlanta GA 30302				
			_		
PART E — LIABILITIES [Major debts - See instruction	nel .				
(If you have nothing to report, write "nor					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
SunTrust	P.O. Box 4418, Atlanta GA 30302				
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  NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY	None		1/14		
PRINCIPAL BUSINESS ACTIVITY	2				
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 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 SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILER: Signature:		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:			
Date Signed: 5-28-2020		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.  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 20, Tallahassee, FL 32303. To file with the Commission by email soon 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 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.