| FORM 1 | 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 | NAME: | -1-1-6-1 |
| MAILING ADDRESS: | | The settlement of the settleme |
| 2741 Calvan | O EVIL. | 2020 |
| LAND OLAKE | ES, FA. 34639 | |
| CITY: | ZIP: COUNTY: | 8 |
| NAME OF AGENCY: | make a surface of the consequence of the same | W |
| NAME OF OFFICE OR POSITION HEL | O OR SOUGHT: | 72 49 |
| SEAT #3 C | DD | 27× F |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OR APPOINTEE | TOWN INCREMENT AS LINEAR |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU | ** THIS SECTION MUST BE COMPLETED JIR FINANCIAL INTERESTS FOR CALENDAR YEAR END | ACM 38 PK R. PR TRUL AD 1 |
| FEWER CALCULATIONS, OR USIN (see instructions for further details). | ING REPORTING THRESHOLDS THAT ARE ABSOLUTE IG COMPARATIVE THRESHOLDS, WHICH ARE USUALI CHECK THE ONE YOU ARE USING (must check one): | The state of the s |
| PART A PRIMARY SOURCES OF INC (If you have nothing to repo | COME [Major sources of income to the reporting person - See inst rt, write "none" or "n/a") | ructions] |
| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
| Social Secunt | 36630 ADAIR RD. | - Social Security |
| | DADE CITY 332S | Manual Court |
| , | 05-25-1 | |
| PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to rep | d other sources of income to businesses owned by the reporting peort, write "none" or "n/a") | https://www.squift.co.formignes.Com |
| BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| 1110 | Parting But Strategy December 1 Strategy December 1 | THE RESIDENCE OF THE PROPERTY |
| NITT | Well an early hupa. | through the second of the Analysis |
| PART C REAL PROPERTY [Land, but | ildings owned by the reporting person - See instructions] rt, write "none" or "n/a") | You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. |
| ment as miles that the same fail of the same of the sa | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. |
| | Ministrated Legisland West Control to the party of the control of | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. |

| | BUSINESS ENTITY TO W | HICH THE PROPERTY RELATES | |
|--|--|----------------------------|--|
| NA | | | |
| 101 | THE RESERVE OF THE PARTY OF THE | | |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "no | /a") | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | |
| NAIVE OF CREDITOR | ADDRES | OT OTERNION | |
| NIA | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Owners] | hip or positions in certain types of busi | nesses - See instructions] | |
| (If you have nothing to report, write "none" or "n/a" | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | |
| NAME OF BUSINESS ENTITY | () | | |
| ADDRESS OF BUSINESS ENTITY | | 220 | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | CO 141 | | |
| NATURE OF MY OWNERSHIP INTEREST | or the same through the same | 7.2 - | |
| PART G — TRAINING | | | |
| For elected municipal officers required to complete annual eth | E COMPLETED THE REQU | JIRED TRAINING. | |

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 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.