FORM 1	STATEMENT OF	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	RECENTICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE N	- 4-450C50	2020 110
MAILING ADDRESS:		2020 JUN -8 PM 1:47
19588 Long Lake	Ranch Blud	SUPERVISOR OF ELECTIONS LAND O'LAKES, FLORIDA
Lutz 3	3558 Pasco	PLORIDA
CITY:	ZIP: COUNTY:	4
NAME OF AGENCY :		
NAME OF OFFICE OR POSITION HELD		
Seat # 1	ON 3000017	
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE OR APPOINTEE	E
MANNER OF CALCULATING REFILERS HAVE THE OPTION OF USING FEWER CALCULATIONS, OR USING (see instructions for further details). COMPARATIVE (PER PART A - PRIMARY SOURCES OF INCO (If you have nothing to report, NAME OF SOURCE OF INCOME	G REPORTING THRESHOLDS THAT ARE ABSOLUTE COMPARATIVE THRESHOLDS, WHICH ARE USUALL HECK THE ONE YOU ARE USING (must check one):  CENTAGE) THRESHOLDS OR DOLLA  ME [Major sources of income to the reporting person - See instr	DOLLAR VALUES, WHICH REQUIRES Y BASED ON PERCENTAGE VALUES AR VALUE THRESHOLDS
(If you have nothing to report	other sources of income to businesses owned by the reporting per	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA		
	100	
PART C - REAL PROPERTY [Land, build (If you have nothing to report,	ings owned by the reporting person - See instructions} write "none" or "n/a")	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  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.

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Seeattachedsheet	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a"  NAME OF CREDITOR	
See attached sheet	ADDRESS OF CREDITOR
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership (If you have nothing to report, write "none" or "ru/a")  NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1  BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	-115
PRINCIPAL BUSINESS ACTORY	
POSITION HELDWITH ENDLY	
OWN MORE THAN A SAUNTEREST IN THE BUSINESS	
NATURE OF MY OWNERS INTEREST	
PARPS — TRANSING SO For elected municipations required to complete annual ethics	COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTIL	
IF ANY OF PARTS A THROUGH G ARE CONTIN	
SIGNATURE OF FILER: Signature:	CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorne in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement:
SIGNATURE OF FILER: Signature:	CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorne in good standing with the Florida Bar prepared this form for you, he or
SIGNATURE OF FILER: Signature:	CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorne in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement:  I, prepared the C Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the
SIGNATURE OF FILER: Signature:	CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorne in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement:  I, prepared the C 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.

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 filling 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.

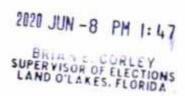
Thereafter, file by July 1 following each calendar year in which they hold their positions.

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.

## RECEIVED

## Statement of Financial Interests

Clawson, Heidi 19588 Long Lake Ranch Blvd Lutz, FL 33558



## Part D - Intangible Personal Property

Type of Intangible	Business Entity to Which the Property Relates	
IRA	The Baltimore Life Company	
Life Insurance	The Baltimore Life Insurance Company	
401K	IQVIA	
403B	Fidelity Investments	

## Part E - Liabilities

Name of Creditor	Address of Creditor	
GTE Financial	P.O. Box 77404, Ewing, NJ 08628	
PNC Bank	P.O. Box 1820, Dayton, OH 45401	
Sallie Mae	P.O. Box 3225, Wilmington, DE 19804	