FORM 1	STATEM	IENT 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 NO MAILING ADDRESS: 1522 Ocean	0 C. I	nn		<u> </u>
CITY: ZIP: COUNTY: WESTER CHEPE 33544 Pasco NAME OF AGRICY: NAME OF OFFICE OR POSITION HELD OR SOUGHT:				PRIANE OF THE BRESE CITY F
CHECK ONLY IF TO CANDIDATE OF	CDV Seat #	3 RAPPOINTEE		DH I: 0
****	THIS SECTION MUS	ST DE COMDI ETE	D ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR				CEMBER 31, 2019.
PART A PRIMARY SOURCES OF INCO	G REPORTING THRESHOL COMPARATIVE THRESHO HECK THE ONE YOU ARE CENTAGE) THRESHOLDS ME [Major sources of income to	DS THAT ARE ABSOLUT LDS, WHICH ARE USUA USING (must check one OR DOL	LLY BASEI): LAR VALU	
(If you have nothing to report,		Unorio	DE	
NAME OF SOURCE OF INCOME	AD	URCE'S DRESS	PF	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Eagle Product Inspection Merrill Lynch IRA	1571 NorthPoint P.D. Box 2158	The PKWY LUTZ, FI La Kelwood, N.T.	33558 0870	Food Inspection Machine I Retirement Account
PART B - SECONDARY SOURCES OF II [Major customers, clients, and continued of the continued	ther sources of income to busine	sses owned by the reporting p	erson - See	instructions]
NAME OF N BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Merrit Lanch J	NA			
N/A	1			
PART C - REAL PROPERTY [Land, buildi (If you have nothing to report,		n - See instructions]	lines o	e not limited to the space on the n this form. Attach additional if necessary.
NA			FILING and wi	in necessary. INSTRUCTIONS for when here to file this form are dat the bottom of page 2.
			this fo	UCTIONS on who must file rm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stoc	ks, bonds, certificates of deposit, etc S	See instructions]		
(If you have nothing to report, write "none"	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
M 11 1 (INDIVIOUAL IRA			
Marrill Lynch	INDIVIDOAC			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Attinity FCU Auto	73 Mountain	View BV Basking Ride		
		, 0		
PART F - INTERESTS IN SPECIFIED BUSINESSES [O	wnership or positions in certain types	of businesses - See instructions]		
(If you have nothing to report, write "none" of	or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	None			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY		S C 2		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		D20		
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING		321 0		
For elected municipal officers required to complete annu	ual ethics training pursuant to section 112	2.3142, F.S.		
☐ I CERTIFY THAT I I	HAVE COMPLETED THE R			
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE	SHEET DI EASE OUTON HEDE		
PERSONAL TELEFORM AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T				
SIGNATURE OF FILES		CPA or ATTORNEY SIGNATURE ONLY		
Signature:		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		
α . IT	she must comple	te the following statement:		
() d A has	I, Form 1 in accord	, prepared the CE lance with Section 112.3145, Florida Statutes, and the		
	instructions to the	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.		
Date Signed:	alsclosure nerein	is true and correct.		
6/5/20	CPA/Attorney Sig	CPA/Attorney Signature:		
4/5/20	Date Signed:	Date Signed:		
FILING INSTRUCTIONS:				
If you were mailed the form by the Commission on Eth	ics or a County Candidates file this	form together with their filing papers.		
Supervisor of Elections for your annual disclosure fill form to that location. To determine what category you	ling, return the	UNNECESSARY: A candidate who files a Form		

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

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.

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.