FORM 1	STATEMENT OF	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	ESTS FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE N	AME .	2020 JUN -8 PM 2: 22
Wewsin Charl	es Louis	BRIGGS COOLEY
21432 Morning	Mist Way	LAND O'LAKES, FLORIDA
Land O' Lakes FL	34637	3.70
Land O' Lake FL	34637 Pus 40	
Preserve at Wilderness	Lake CDD	
NAME OF OFFICE OR POSITION HELD		
Supervisor - Seat	3	
CHECK ONLY IF X CANDIDATE OF	NEW EMPLOYEE OR APPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	THIS SECTION MUST BE COMP	
FEWER CALCULATIONS, OR USING (see instructions for further details). C	G REPORTING THRESHOLDS THAT ARE AS	BSOLUTE DOLLAR VALUES, WHICH REQUIRES E USUALLY BASED ON PERCENTAGE VALUES eck one): DOLLAR VALUE THRESHOLDS
PART A - PRIMARY SOURCES OF INCOM	ME [Major sources of income to the reporting person write "none" or "n/a")	- See instructions]
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Ign Horn & Associate	4023 Poddkunded Dr Brankon FL	33511 Courthing
Mascia Law PLAC	15502 Stoneybrak W. Pkwy, Win	terGast FL Consthi
	7	0
(If you have nothing to report,	ther sources of income to businesses owned by the n write "none" or "n/a") AME OF MAJOR SOURCES ADDI	eporting person - See instructions] RESS PRINCIPAL BUSINESS OURCE ACTIVITY OF SOURCE
N/A		
PART C - REAL PROPERTY Land, building (If you have nothing to report,	ngs 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.
N/A		FILING INSTRUCTIONS for when and where to file this form are
		Instructions on who must file this form and how to fill it out begin on page 3.

			100 E34	HIT IC		14-1110	PERTY RELATES
Chex Beat	227/1	5. R. 54	Land	0.7	alex F	L	
Fidelity	3000	Bar port Dr	Ste	800	Tanon	FL	33407
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	[5]	,					
NAME OF CREDITOR	ADDRESS OF CREDITOR						
N/A				noon	200 01 0	1201101	
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none		BUSINESS ENTI		oes of b	usinesses		NESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	1	-			1	I'm	7. 6
PRINCIPAL BUSINESS ACTIVITY						0.0	JE CETY
POSITION HELD WITH ENTITY						70	- m
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						S. E.	2 3 0
NATURE OF MY OWNERSHIP INTEREST						0	20 P
PART G — TRAINING							2
PART G — TRAINING For elected municipal officers required to complete an I CERTIFY THAT I	HAVE (COMPLETE	D THE	RE	QUIRE		
For elected municipal officers required to complete an I CERTIFY THAT I IF ANY OF PARTS A THROUGH G ARI	HAVE (OMPLETE	PARA	TE SH	QUIREI	EASE	CHECK HERE
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I CERTIFY THAT I IF ANY OF PARTS A THROUGH G ARI SIGNATURE OF FILE Signature:	HAVE (Hacingo sher	EPARA CPA C ertified pod stand must cor 1 in so	TE SH or AT bublic acting with nplete the cordence of the for- order is the	TORNE countant is the Florid ne following e with Sec m. Upon m rue and co	EASE Y SIG	CHECK HERE SNATURE ONLY under Chapter 473, or attorney expared this form for you, he or

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.

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.