FORM 1	STATEMENT OF	RECEI2019
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:	2020 JUN -9 PM 4: 36
MAILING ADDRESS	lynn	BRIAN E. CORLEY
3111 Whitley bag	Ct	LAND O'LAKES, FLORIDA
Land O lakes :	34638 Pasco	
Conserved States	ZIP: COUNTY:	
NAME OF AGENCY:	CPI	
Board member	or CDD Seat 5	
NAME OF OFFICE OR FOSITION HELD	OK SOUGHT.	
CHECK ONLY IF Y CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	
	THIS SECTION MUST BE COMPLETE	D ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	R FINANCIAL INTERESTS FOR CALENDAR YEAR EN	NDING DECEMBER 31, 2019.
FEWER CALCULATIONS, OR USING (see instructions for further details).	NG REPORTING THRESHOLDS THAT ARE ABSOLUT G COMPARATIVE THRESHOLDS, WHICH ARE USUA CHECK THE ONE YOU ARE USING (must check one	LLY BASED ON PERCENTAGE VALUES
	OME [Major sources of income to the reporting person - See in	structions]
(If you have nothing to report	t, write "none" or "n/a") SOURCE'S	DESCRIPTION OF THE SOURCE'S
OF INCOME	ADDRESS	PRINCIPAL BUSINESS ACTIVITY
Genesis Rehab	Bos Companity Campui Dr	OTA-therapist
	tampa FL 33625	
(If you have nothing to report	other sources of income to businesses owned by the reporting	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	OF BUSINESS INCOME	ACTIVITOR SOUNCE
70 (7.2		- hy T
PART C - REAL PROPERTY [Land, built (If you have nothing to report	dings owned by the reporting person - See instructions] i, write "none" or "n/a")	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
10 / 17		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	") DISSINGS ENTITY TO MAJOR THE DEODEDTY DELATES	
NIA	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
10124		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a"	-	
NAME OF CREDITOR	ADDRESS OF CREDITOR	
NIA	ADDITION OF CREDITOR	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership (If you have nothing to report, write "none" or "n/a") NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 1 BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY	10/14	
PRINCIPAL BUSINESS ACTIVITY	m 9 m	
POSITION HELD WITH ENTITY	THE P	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	OCT L	
NATURE OF MY OWNERSHIP INTEREST	00° W	
	completed the required training pursuant to section 112.3142, F.S. COMPLETED THE REQUIRED TRAINING. NUED ON A SEPARATE SHEET, PLEASE CHECK HERE	
SIGNATURE OF FILER:	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 she must complete the following statement:	
Date Signed:	Form 1 in accordance with Section 112.3145. Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief disclosure herein is true and correct.	
Date Signed:	Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief	
Date Signed: 6-9-7020	Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief 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 Flonda, 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 if to CEFom1@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.