FORM 1	STATEME	ENT OF	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE N	AME:	RE	CEIVED
ROSSI ROBERT			
MAILING ADDRESS:	NE	ZZU JUN	10 AM 9: 02
12223 1341 104 144			
		LANDOL	H OF ELECTIONS
ODESSA	ZIP: COUNTY: PAS		
NAME OF AGENCY			
NAME OF OFFICE OR POSITION HELD			
TSR CDD s	EAT 5		
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE OR AP	POINTEE	
****	THIS SECTION MUST	BE COMPLETED	****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	EINANCIAL INTERESTS FOR	CALENDAR VEAR END	INC DECEMBED 21, 2010
		CALENDAR TEAR END	ING DECEMBER 31, 2019.
MANNER OF CALCULATING RE	[12] [12] [12] [12] [12] [13] [13] [14] [14] [15] [15] [15] [15] [15] [15] [15] [15	THAT ARE ARROUNTE	DOLLAR VALUES, WHICH REQUIRES
			Y BASED ON PERCENTAGE VALUES
(see instructions for further details). C	HECK THE ONE YOU ARE USI	NG (must check one):	
COMPARATIVE (PER	CENTAGE) THRESHOLDS	DR L DOLLA	AR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,		reporting person - See instr	uctions]
NAME OF SOURCE		rio .	
OF INCOME	SOURC ADDRE		PRINCIPAL BUSINESS ACTIVITY
THE NIELSEN COMPANY	501 KNOOKEN CHEEK		MEDIA NESEANCH
		PL 34677	
PART B SECONDARY SOURCES OF IN [Major customers, clients, and o (If you have nothing to report.	ther sources of income to businesses	owned by the reporting per	son - See instructions]
	AME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
N/A			
PART C - REAL PROPERTY [Land, building	nos owned by the reporting nerson - S	Con instructions!	V
(If you have nothing to report,	write "none" or "n/a")	And this district of	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
1.001.000			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		
N/A			
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			
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or (If you have nothing to report, write "none" or "n/a")	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	NIA		
ADDRESS OF BUSINESS ENTITY	282		
PRINCIPAL BUSINESS ACTIVITY	AME C 20		
POSITION HELD WITH ENTITY	OVER THE CONTRACT OF THE CONTR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	200 0		
NATURE OF MY OWNERSHIP INTEREST	MATCO AN VE		
	OMPLETED THE REQUIRED TRAINING.		
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: I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the		
Date Signed:	CPA/Attorney Signature: Date Signed:		

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.fi.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.