FORM 1	STATE!	MENT OF		2019	
Please print or type your name, mailing address, agency name, and position below:		_ INTEREST	LS VE	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDD	DLE NAME .		IO AM 9		
MAILING ADDRESS: 2056 Loag	Bow Way	BULAN	N E CORLE	EY CTIONS	
Ddessa	33556 Pag ZIP: COUNTY:	SC6	RICHEY, FL	ÓRIDA .	
NAME OF AGENCY :	£11 .				
NAME OF OFFICE OR POSITION HE ASTURIA CDD CHECK ONLY IF CANDIDATE	ELD OR SOUGHT: Sect 3 OR NEW EMPLOYEE OF	OR APPOINTEE			
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.					
	USING REPORTING THRESHOLE SING COMPARATIVE THRESHO). CHECK THE ONE YOU ARE PERCENTAGE) THRESHOLDS	LDS THAT ARE ABSOLUDING, WHICH ARE USU USING (must check on OR DO	JALLY BASE 1e): DLLAR VALU	R VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES UE THRESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	ICOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See i	instructions]		
NAME OF SOURCE OF INCOME		DURCE'S DDRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PeopleStrategy Inc.	2035 Lincoln Ha	NY, Ste 1080	Paye	oll 4 HA Services	
	Colson, NJ	08817			
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	OF INCOME and other sources of income to busines port, write "none" or "n/a")	sses owned by the reporting	person - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
PART C - REAL PROPERTY [Land, but (If you have nothing to repo	uildings owned by the reporting persoort, write "none" or "n/a")	on - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
			and wi	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

tis the fidewait stee See instructions!					
PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"	" or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY T	TO WHICH THE PROPERTY RELATES			
Mutual Funds	Fidelity				
# - P - S - S - S - S - S - S - S - S - S	, , , , , , , , , , , , , , , , , , ,				
PART E — LIABILITIES [Major debts - See instructions]	1				
(If you have nothing to report, write "none"	" or "n/a")				
NAME OF CREDITOR	ADD	DRESS OF CREDITOR			
N/A					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership 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	NIA	N/A			
ADDRESS OF BUSINESS ENTITY		1			
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY		/			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		\vee			
NATURE OF MY OWNERSHIP INTEREST	V	·			
PART G — TRAINING					
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.					
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILE		TTORNEY SIGNATURE ONLY			
Signature:	If a certified public	accountant licensed under Chapter 473, or attorney with the Florida Bar prepared this form for you, he or			
	she must complete	she must complete the following statement:			
mul Purs	I, Form 1 in accorder	, prepared the CE ance with Section 112.3145, Florida Statutes, and the			
· mul puss	instructions to the	form. Upon my reasonable knowledge and belief, the is true and correct.			
Date Signed:					
	CPA/Attorney Sigr	CPA/Attorney Signature:			
6/10/20	Date Signed:				
FILING INSTRUCTIONS:					

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.