| FORM 1 | STATEME | ENT OF R | ECEIVED 2019 |
|--|---|---|--|
| Please print or type your name: mailing address, agency name: and position below: | FINANCIAL I | NTEREST | S FOR OFFICE USE ONLY: |
| LAST NAME - FIRST NAME - MIDDLE Hardee Mark | NAME: William | | TO PH 3: 12 |
| MAILING ADDRESS 23963 San Giovanni Drive | | LANDOL | OR OF ELECTIONS AKES. FLORIDA |
| Land O Lakes | zip COUNTY 34639 Pasco | | |
| Terra Bella Community Develo | 2011 | 45 | |
| NAME OF OFFICE OR POSITION HEL Supervisor - Board of Supervis | | | |
| CHECK ONLY IF A CANDIDATE | | PPOINTEE | |
| FEWER CALCULATIONS, OR USIT (see instructions for further details). COMPARATIVE (PE | ING REPORTING THRESHOLDS NG COMPARATIVE THRESHOLDS CHECK THE ONE YOU ARE US RCENTAGE) THRESHOLDS | S, WHICH ARE USU ING (must check on OR DO | LLAR VALUE THRESHOLDS |
| PART A - PRIMARY SOURCES OF INC If you have nothing to repo | OME [Major sources of income to the rt, write "none" or "nia") | reporting person - See | nstructions) |
| NAME OF SOURCE OF INCOME | SOURC | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
| Cushman & Wakefield | 201 N. Franklin Street, Suite 3300 | | Real Estate Services |
| | Tampa, Florida 33602 | | |
| | | | |
| PART B - SECONDARY SOURCES OF Major customers, clients, an (if you have nothing to represent the second sec | d other sources of income to businesses | ADDRESS OF SOURCE | person - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| None - Not Applicable | | | |
| | | | |
| | | | |
| PART C - REAL PROPERTY [Land but (If you have nothing to repo None - Not Applicable | idings owned by the reporting person - rt, write "none" or "n/a") | See instructions) | You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. 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. |

| | (Stocks, bonds, certificates of deposit, etc See insinone" or "n/a") | | | |
|--|--|---|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO W | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | |
| None - Not Applicable | | | | |
| PART E — LIABILITIES [Major debts - See instruct (If you have nothing to report, write "r | tions] none" or "n/a") | | | |
| NAME OF CREDITOR ADDRESS | | S OF CREDITOR | | |
| Rocket Mortgage fka Quicken Loans | 1050 Woodward Avenue, Detroit, M | AI 48226 | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "no | S [Ownership or positions in certain types of bus one" or "n/a") BUSINESS ENTITY # 1 NOT APPULABUS | BUSINESS ENTITY # 2 | | |
| ADDRESS OF BUSINESS ENTITY | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | -E 23 | | |
| POSITION HELD WITH ENTITY | | 277 L 7 | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINE | ESS | ST G M | | |
| NATURE OF MY OWNERSHIP INTEREST | | Lo W | | |
| PART G — TRAINING For elected municipal officers required to complete I CERTIFY THAT | T I HAVE COMPLETED THE REQ | UIRED TRAINING မှ | | |
| IE ANY OF PARTS A THROUGH G.A | | EI, FEERSE STIE WEST COM | | |
| IF ANY OF PARTS A THROUGH G A | | | | |
| SIGNATURE OF FI | LER: CPA or ATTO If a certified public according good standing with the she must complete the | ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: | | |
| SIGNATURE OF FI | LER: CPA or ATTO If a certified public according good standing with the she must complete the | ountant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: prepared the CE with Section 112 3145. Florida Statutes, and the Upon my reasonable knowledge and besef, the | | |

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.

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.