FORM 1	STATEMENT OF	2019
Please print or type your name, melling address, agency name, and position below:	FINANCIAL INTERESTS	FOR DEALE ME ONLY:
BUHER, TOWARA		2020 JUN 11 AM 11: 17
MAILING ADDRESS Palay	a (00p)	SUPERVISOR OF ELECTIONS
Spring Hul	A 3440 Pasco	FLORIDAS
Talavera	CSD COUNTY	
Seat 1		4
NAME OF OFFICE OR POSITION HELD	OR SOUGHT	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	
MANNER OF CALCULATING REFILERS HAVE THE OPTION OF USE FEWER CALCULATIONS, OR USIN (see instructions for further details).  COMPARATIVE (PER	NG REPORTING THRESHOLDS THAT ARE ABSOLUTE G COMPARATIVE THRESHOLDS, WHICH ARE USUALI CHECK THE ONE YOU ARE USING (must check one): RCENTAGE) THRESHOLDS OR DOLLOW [Major sources of income to the reporting person - See instru	DOLLAR VALUES, WHICH REQUIRES LY BASED ON PERCENTAGE VALUES AR VALUE THRESHOLDS
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Costco Wholesale	2225 Grano Cypress	Employer
	DR, LUAZ F1 33559	
(If you have nothing to repo	other sources of income to businesses owned by the reporting per	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
(If you have nothing to report	dings owned by the reporting person. See instructions] L write "none" or "n/a")  Toop Spring Hill F1 34610	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.

(If you have nothing to report, write "none"  TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
TROWE PRICE	Employer's Sto	rck Holding	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR 2		
NA		ZWZ C T	
		OVISCO III	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Or (If you have nothing to report, write "none" of NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	businesses - See instructions) — M	
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY		>2/	
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers required to complete annu  I CERTIFY THAT I H  IF ANY OF PARTS A THROUGH G ARE	HAVE COMPLETED THE RE	EQUIRED TRAINING.	
Signature:  Date Signed: 6 11 20	CPA or ATTORNEY SIGNATURE ONLY  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 disclosure herein is true and correct.  GPA/Attorney Signature  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 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

Candidates must file at the same time they file their qualifying

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.