FORM 1	STATEMENT	OF RECEIVE	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS	OR OFFICE USE ONLY:
Showed, Brian	Dove	2 20 JUNII PM I	
18315 Soun Lhorp	e Lac	SUPERVISOR OF ELECT	Timese
Land OLakes 3	4738 Pasco		
CITY	ZIP: COUNTY		
NAME OF AGENCY NAME OF OFFICE OR POSITION HELD	SCOL Y		
NAME OF STATE OF POSITION HELD	7 ON 3000111		
CHECK ONLY IF A CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE		
DISCLOSURE PERIOD:	THIS SECTION MUST BE CO		BER 31, 2019.
FEWER CALCULATIONS, OR USIN (see instructions for further details).	EPORTABLE INTERESTS: ING REPORTING THRESHOLDS THAT AR ING COMPARATIVE THRESHOLDS, WHICH CHECK THE ONE YOU ARE USING (mus RCENTAGE) THRESHOLDS OR	ARE USUALLY BASED O	N PERCENTAGE VALUES
PART A - PRIMARY SOURCES OF INC	OME [Major sources of income to the reporting p	erson - See instructions]	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		IPTION OF THE SOURCE'S IPAL BUSINESS ACTIVITY
Parkuer Cosulting	18345 Suntherpe Love L	adolds Selfe.	mploxel
<u> </u>	FL 34638		
(If you have nothing to repo	other sources of income to businesses owned by rt, write "none" or "n/a")	the reporting person - See instr	PRINCIPAL BUSINESS
BUSINESS ENTITY		OF SOURCE	ACTIVITY OF SOURCE
/V /+			
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			l limited to the space on the sform. Attach additional ecessary.
		and where	STRUCTIONS for when to file this form are the bottom of page 2.
			TONS on who must file and how to fill it out

PART D — INTANGIBLE PERSONAL PROPERTY Stocks, b. (If you have nothing to report, write "none" or "			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
40/4 Fa	Franklin Tomoletin		
a contract of the contract of	- Sapres		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "	'n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Mortgoone lyke	46 16 Foro POBOS 14012 Dex Mare, 1 A 10 50306		
	FECU PODOR 18605 Tange EL 33679		
(If you have nothing to report, write "none" or "n/	BUSINESS ENTITY # 1 BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2		
1/3	(hoar)		
	AC FOR THE		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS X	FO -		
NATURE OF MY OWNERSHIP INTEREST	P E		
	E COMPLETED THE REQUIRED TRAINING.		
	TINUED 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. 1		
Date Signed:	disclosure herein is true and correct.		
(11-2)	CPA/Attorney Signature		
4-11-10	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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.