FORM 1	STATE	MENT OF	2019
Please print or type your same, mailing address, agency name, and position beto	FINANCIAI	L INTERESTS	FOR OFFICE USE ONLY:
263470		2	020 JUN 11 PM 3:49
KEVIN RIGGS			
TERRA BELLA CO	OMMUNITY	ĩ	PERVISOR OF ELECTIONS AND O'LAKES. FLORIDA
DEVELOPMENT D			ADINOS
24118 SAN GIOVAL			
LAND O LAKES, F	L 34639		
NAME OF OFFICE OR POSITION	HEID OD SOUGHT		
SEAT #4	HELD ON SOUGHT :		
CHECK ONLY IF CANDIDAT		OR APPOINTEE	
	**** THIS SECTION MI	JST BE COMPLETED **	**
DISCLOSURE PERIOD:	THIS SECTION ML	DE COMPLETED	
THIS STATEMENT REFLECTS	YOUR FINANCIAL INTERESTS I	FOR CALENDAR YEAR ENDING	3 DECEMBER 31, 2019.
MANNER OF CALCULATIN	G REPORTABLE INTERESTS	e.	
		The second s	LLAR VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR L	JSING COMPARATIVE THRESH	OLDS, WHICH ARE USUALLY B	BASED ON PERCENTAGE VALUE
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MEMBERSHIP INTERNOS	RENAISSANCE	CONSULTING	IND	DEVELOPMEND, LLC
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PART E — LIABILITIES [Major debts - See instruc (If you have nothing to report, write "				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NA				de la competencia
PART F — INTERESTS IN SPECIFIED BUSINESSE (If you have nothing to report, write "no	one" or "n/a") BUSIN	ESS ENTITY # 1	of busin	BUSINESS ENTITY # 2
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PRINCIPAL BUSINESS ACTIVITY				
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NATURE OF MY OWNERSHIP INTEREST	and the state of t	and the other division of the		2020 LAR
I CERTIFY THAT	on the Party of the Party of the	States of the local division of the		STC -
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		
		CPA/Attorney Signature: Date Signed:		
FILING INSTRUCTIONS:		and the second s		
If you were mailed the form by the Commission of Supervisor of Elections for your annual disclosu form to that location. To determine what categor under, see page 3 of instructions.	y your position falls	MULTIPLE FILING	UNNEO	gether with their filing papers. CESSARY: A candidate who files a Form not required to file with the Commission
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 he Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address to		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.

returned.

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

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, Bidg 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. <u>Do not file by both mail and email.</u> Choose only one filing method. Form 6s will not be accepted via email.