FORM 1	STATEM	IENT OF	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME		2020 JUN 12 AM 11: 57
WASIELEWSON,	ANDREW		The second secon
27051 (0101 Sp.	rings Dr		SUPERVISOR OF ELECTIONS LAND O'LAKES, FLORIDA
	J		4-2
Wesley (Mopel	2IP COUNTY:	Pasco	
NAME OF OFFICE OR POSITION HELD Northwood CDD	OBSOUGHT:		
-	R NEW EMPLOYEE OF	RAPPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU  MANNER OF CALCULATING RI FILERS HAVE THE OPTION OF USI FEWER CALCULATIONS, OR USIN (see instructions for further details).	EPORTABLE INTERESTS NG REPORTING THRESHO	OR CALENDAR YEAR END : : :DS THAT ARE ABSOLUTE OLDS, WHICH ARE USUALL USING (must check one).	
PART A - PRIMARY SOURCES OF INC		the reporting person - See instri	uctions]
(If you have nothing to repor NAME OF SOURCE OF INCOME	I SC	DURCE'S DORESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
DOD Retirement	8899 E 5645	st, Indianapolis	Retired Military
	IN, 4634	7	2/1/1
(If you have nothing to repo	other sources of income to busine	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
The Worielewski Law L	ow	8275 S. Exstern	
Firm		Cos viges NV	89125
PART C - REAL PROPERTY [Land. build (If you have nothing to report A)	dings owned by the reporting pers t, write "none" or "n/a")	son - 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.

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
N/A	SUPPER STATE	
	0	
PART E — LIABILITIES [Major debts - See instructions]	100	
(If you have nothing to report, write "none" or "n/a")	mo <sub>c</sub> =	
NAME OF CREDITOR	ADDRESS OF CREDITOR TOTAL TO	
4) / /	977 -	
W/A	>Z	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or		
(If you have nothing to report, write "none" or "n/a")	USINESS ENTITY # 1 . BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	A N/A	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
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 annual ethics train		
☐ I CERTIFY THAT I HAVE CO	MPLETED THE REQUIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE CONTINUE	ED ON A SEPARATE SHEET, PLEASE CHECK HERE	
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY	
Printer Source	If a certified public accountant licensed under Chapter 473, or attorney	
Signature:	in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement:	
unlies Wordens!	I prepared the C	
unlies Worldon	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.	
Data Signadi		
Date Signed:	CPA/Attorney Signature	
Date Signed:	CPA/Attorney Signature  Date Signed:	

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

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.