FORM 1	STATEM			2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	SIVED	) FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	E NAME :	Int 16		na
Silber Jason	G	20 JUN 12	, An III.	UD
MAILING ADDRESS :		BRIAN	E CORLE	Y
2489 Slade Ave	MP-CARLOS ALL	SUPERVISOR NEW PORT R	ICHEY, FL	DRIDA
CITY:	ZIP: COUNTY:			
	FL Pasi	0		
NAME OF AGENCY :				
CDD TSR				
NAME OF OFFICE OR POSITION HEL Seat 3	.D OR SOUGHT :			
CHECK ONLY IF  CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	*** THIS SECTION MUS			CEMBER 31, 2019.
MANNER OF CALCULATING REFILERS HAVE THE OPTION OF USE FEWER CALCULATIONS, OR USIN (see instructions for further details).  COMPARATIVE (PE	SING REPORTING THRESHOLD NG COMPARATIVE THRESHOLD	LDS, WHICH ARE USUA USING (must check one	LLY BASE ):	
PART A PRIMARY SOURCES OF INC		the reporting person - See in	structions]	
(If you have nothing to repo	ort, write "none" or "n/a")			
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Insight Direct USA	6820 S. Harl Ave Temp	pe AZ, 85283	Technology Reseller	
PART B SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to report NAME OF BUSINESS ENTITY	nd other sources of income to busines	ADDRESS OF SOURCE	erson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
k V/A				
10ft				
			<del></del>	
PART C - REAL PROPERTY [Land, bu		n - See instructions]	lines o	re not limited to the space on the on this form. Attach additional s, if necessary.
1077			and w	G INSTRUCTIONS for when the state of the sta
			this fo	RUCTIONS on who must file orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	tocks, bonds, certificates of deposit, etc See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
MA	RECEIVED			
	20 JUN 12 AM 11: 00			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	ne" or "n/a")  SUPERVISOR OF THE			
NAME OF CREDITOR	ADDRESS OF CREDITOR RICHEY, FLORIDA			
W/A				
PART F — INTERESTS IN SPECIFIED BUSINESSES [(	[Ownership or positions in certain types of businesses - See instructions] " or "n/a")			
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1  BUSINESS ENTITY # 2			
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 ann				
U I CERTIFY THAT I	HAVE COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILE	R: 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:			
Ja 8 D	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.			
Date Gigned: (//2/2020	CPA/Attorney Signature:			
6/12/0020	Date Signed:			
<b>FILING INSTRUCTIONS:</b>				

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.