FORM 1 STATEMENT OF 2020 FINANCIAL INTERESTS Please print or type your name, malling FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : MAILING ADDRESS : CITY: ZIP: COUNTY: Posco NAME OF AGENCY NAME OF OFFICE OR POSITION HELD OR SOUGHT: Town Commissioner Seat CHECK ONLY IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020. MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): **COMPARATIVE (PERCENTAGE) THRESHOLDS DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS! INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] You are not limited to the space on the (If you have nothing to report, write "none" or "n/a") 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.

PART D - INTANCIRI E DEDSONAL PROPERTY/O	N. I.		
PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no	tocks, bonds, certificates of deposit, etc See in ne" or "n/a")	instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
44			
,			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	ıs] ne" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Ala	1. AA		
. ,	10/76		
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	[Ownership or positions in certain types of bu " or "n/a") BUSINESS ENTITY # 1	sinesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	2/1		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	ė.		
NATURE OF MY OWNERSHIP INTEREST	P/A		
	HAVE COMPLETED THE REQU	on 112.3142, F.S. UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILEI Signature: Date Signed:	If a certified public according good standing with the she must complete the financial standard in accordance with the form.	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.	
-02-12-1-2-5-21	CPA/Attorney Signature: Date Signed:	CPA/Attorney Signature: Date Signed:	
FILING INSTRUCTIONS:			
you were mailed the form by the Commission on Ethicupervisor of Elections for your annual disclosure fili	cs or a County ing. return the	ogether with their filing papers.	

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.

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, 2020.