FORM 1		MENT OF			<b>3030</b> 14			
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTEREST	UPERV	ISOFORIO	DÉRICE ÚSEIONLY:			
LAST NAME - FIRST NAME - MID	DLE NAME :		<u> </u>	in och	HOE GENTER			
Wilson Jafrey	Dane							
MAILING ADDRESS:	# 810							
212) VIE CUBI	, , , , , ,							
Clear water	ZIP: COUNTY:							
NAME OF AGENCY: Comp & rity (leas well-rullay Development District								
NAME OF OFFICE OR POSITION HELD OR SOUGHT : [14 47 - 0 17]								
Board of Supervisor	-3 Sect / Comme	trict						
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE O	RAPPOINTEE						
**** THIS SECTION MUST BE COMPLETED ****								
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.								
MANNER OF CALCULATING REPORTABLE INTERESTS:								
FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES								
FEWER CALCULATIONS, OR U (see Instructions for further details				D ON PE	ERCENTAGE VALUES			
<u> </u>	(PERCENTAGE) THRESHOLDS	' 🖂 '		JE THRE	SHOLDS			
PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See Instructions]								
(If you have nothing to re	eport, write "none" or "n/a")							
NAME OF SOURCE OF INCOME					SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY			
The Sound Guyz, Com, L	IC 2723 Vie Cepri	#810 Clearwats 1911	Erst Clients - Mouth/n Moint					
Anillas Toch College	e 6400 154th Are N	5400 154th Ave N Clearn ste 33761 Teach						
	` '							
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, writs "none" or "n/a")								
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		, Pi	RINCIPAL BUSINESS			
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		AC	CTIVITY OF SOURCE			
N/V								
PART C - REAL PROPERTY [Land, (If you have nothing to re	on - See Instructions)	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.						
- N/ N				,	CTIONS for when			
	and where to file this form are located at the bottom of page 2.							
				INSTRUCTIONS on who must file				
				rm and h	low to fill it out			

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		of deposit, etc See ins	tructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/R					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	6] e" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
NA					
,	_		_		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  (If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY	N/XI				
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	<u></u>				
PART G — TRAINING For elected municipal officers required to complete an  I CERTIFY THAT I					
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, 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:			
Data Signadi	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 Signed: 6/12/2621	CPA/Attorney Signature:				
Date Signed:					

## RITHING INDITIONAL TOURISH

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

