FORM 1	STATEMENT O	F 2019
Please print or type your name, mailing address, agency name, and position below	FINANCIAL INTER	ESTS FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDI		
Saks Eric		
MAILING ADDRESS :		o 3 o
107 Broadleaf Lane		
CITY:	ZIP: COUNTY:	
St. Johns NAME OF AGENCY:	32259 St. Johns	
TOTAL OLD A COMPANY		1. Se : 29
NAME OF OFFICE OR POSITION H		97 - 2 °
Rivers Edge Community De	velopment District, Seat #1	
CHECK ONLY IF  CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	
(see instructions for further detail  COMPARATIVE  PART A PRIMARY SOURCES OF		DOLLAR VALUE THRESHOLDS on - See instructions]  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
	, and other sources of income to businesses owned by the report, write "none" or "n/a")  NAME OF MAJOR SOURCES  AD	preporting person - See instructions]  DRESS PRINCIPAL BUSINESS SOURCE ACTIVITY OF SOURCE
N/A		
PART C REAL PROPERTY [Land	, buildings owned by the reporting person - See instruction eport, write "none" or "n/a")	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.
На имперент в держения и на възывателна в предостава на пределения в предостава и предостава		INSTRUCTIONS on who must file this form and how to fill it out
N/A		begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [State of the control of the	e" or "n/a")	structions]  WHICH THE PROPERTY RELATES	
N/A			
N/A			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non NAME OF CREDITOR	e" or "n/a")	SS OF CREDITOR	
N/A	ADDRESS OF CREDITOR		
N/A			
PART F — INTERESTS IN SPECIFIED BUSINESSES   (If you have nothing to report, write "none"  NAME OF BUSINESS ENTITY	or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY	N/A		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST	N/A		
PART G — TRAINING For elected municipal officers required to complete an  I CERTIFY THAT I  IF ANY OF PARTS A THROUGH G ARE	HAVE COMPLETED THE REQ	UIRED TRAINING.	
SIGNATURE OF FILE	R: CPA or ATT	CPA or ATTORNEY SIGNATURE ONLY	
Signature:  Eick I Sa.	in good standing with the	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,	
Date Signed:  26 May 2020	instructions to the form disclosure herein is true		

## FILING INSTRUCTIONS:

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 you 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 filling 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.