FORM 1 2019 STATEMENT OF FINANCIAL INTERESTS O FFOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below LAST NAME -- FIRST NAME -- MIDDLE NAME : 2020 JUN 12 AM 11:50 Ludlow J MAILING ADDRESS : 230 N Serenata Dr Unit 712 ST JOHNS COUNTY. CITY: ZIP COUNTY Ponte Vedra Beach 32082 St Johns NAME OF AGENCY Airport Authority NAME OF OFFICE OR POSITION HELD OR SOUGHT: Group 5 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, 2019. 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): V COMPARATIVE (PERCENTAGE) THRESHOLDS **DOLLAR VALUE THRESHOLDS** i i de la completa de la compació de 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 Social Security 2428 Old Moultrie Rd. St.Aug.FL 32086 Social Security IRA-401 K Raymond James & Asso. Jax, FL 32202 **Employee Distribution** 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** NONE 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 Condo - 230 N Serenata Dr #712 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 nage 3

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NONE			
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PART E — LIABILITIES (Major debts - See instruction (If you have nothing to report, write "nor	is]	CHECK THE CONTROL OF	
NAME OF CREDITOR	ADDRESS OF CREDITOR		
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PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	" or "n/a")	ns in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2
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PART G TRAINING For elected municipal officers required to complete an			, F.S.
I CERTIFY THAT I	HAVE COMPL	ETED THE REQU	JIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	E CONTINUED OF	I A SEPARATE SHE	ET, PLEASE CHECK HERE []
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY	
Signature: Relied Findlow		in good standing with the she must complete the till,	untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement:
Date Signed: 6-12-20		disclosure herein is true CPA/Attorney Signature Date Signed:	and correct.

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure tiling, 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, fallahassee, 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 tiling 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.