FORM 1

STATEMENT OF

2019

Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	LINTERESTS	5	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	NAME:		- 4 m - 12		
MAILING ADDRESS:	CAMARE Los				
CITY: MIROMAN LAKES	ZIP: COUNTY:				
NAME OF AGENCY: MIROMAR LAKES (T)	D COMMITTEE				
NAME OF OFFICE OR POSITION HEL MIROMAR LAKES DOARD	D OR SOUGHT:				
OUTON ONLY IT IT	OR NEW EMPLOYEE O	R APPOINTEE			
** DISCLOSURE PERIOD:	** THIS SECTION MU	ST BE COMPLETED) ****		
THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS F	OR CALENDAR YEAR END	ING DE	CEMBER 31, 2019.	
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	ING REPORTING THRESHOLIG COMPARATIVE THRESHO	LDS THAT ARE ABSOLUTE DLDS, WHICH ARE USUALI	DOLLA LY BASE	R VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES	
	RCENTAGE) THRESHOLDS		AR VALI	UE THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to report	OME [Major sources of income to rt, write "none" or "n/a")	the reporting person - See instr	uctions]		
NAME OF SOURCE OF INCOME	· •	URCE'S DRESS	DE P	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
TD AMERITRADE	TDAMERITRADE - 1	FT. MYERS	DIVIDA	ENDS - MNR-ABBU	
UBS BROKERAGE	UBS-FT. MYERS	18091 VIABELLAMARELN MIROMAR		DIVIDENDS ABBY	
MITUINE GRACE HOMES, LLC "APRIAGE HIL MINI STOPAEZ		SOUTHAVEN, MS M			
PART B SECONDARY SOURCES OF	INCOME other sources of income to busine				
NAME OF	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
BUSINESS ENTITY					
N/A					
N/A					
NA					
PART C REAL PROPERTY [Land, build (If you have nothing to report,	, write "none" or "n/a")	NACH BE SEE	lines or	e not limited to the space on the n this form. Attach additional if necessary.	
PART C REAL PROPERTY [Land, build (If you have nothing to report,	dings owned by the reporting perso, write "none" or "n/a") RE LN - MIROMAR LAKE	NACH BE SEE	lines or sheets, FILING and wh	e not limited to the space on the	

PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report write "page"	ks hands certificates of deposit etc. Cas incl. II		
to report, write fiblie	or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
TRA STOCKS MANAGED BY LIBS	UBS-ETIMYERS		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")		
NAME OF CREDITOR			
	ADDRESS OF CREDITOR		
NONE			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ow (If you have nothing to report, write "none" or	vnership or positions in certain types of businesses - See instructions]		
to report, write none of	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	NA		
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	NA		
For elected municipal officers required to complete annual I CERTIFY THAT I HA	AVE COMPLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CO	ONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY		
Signature:	If a certified public accountant licensed under Chapter 473, or attornove		
	in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:		
a 7 - 1 1 1 1 5	. ₩ 1		
C. Dauglas Ballin	Form 1 in accordance with Section 112.3145, Florida Statutes, and the		
Data Signada	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.		
Date Signed:			
5/26/20	CPA/Attorney Signature:		
	Date Signed:		
FILING INSTRUCTIONS:			
f you were mailed the form by the Commission on Ethics Supervisor of Elections for your annual disclosure filing orm to that location. To determine what category your p	position falls MULTIPLE FILING UNNECESSARY: A candidate who files a Form		
inder, see page 3 of instructions.	or Cuparting officer is not required to file with the Commission		
ocal officers/employees file with the Supervisor of	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.

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

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. Filling a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the file of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.