FORM 1	STATEMENT OF		-	2020
Please print or type your name, mailing address, agency name, and position below:		INTEREST	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE N	IAME :			
Banfield William  MAILING ADDRESS:	Campb	ell		
21258 Waymouth Run				
CITY:	ZIP: COUNTY:	-		
Estero FL NAME OF AGENCY :	Lee			
Board of Trustees of Florida Sou	thWestern State College			
NAME OF OFFICE OR POSITION HELD				
Trustee				
CHECK ONLY IF CANDIDATE OF	R MEW EMPLOYEE O	RAPPOINTEE		
DISCLOSURE PERIOD:	THIS SECTION INC			
THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2020.
MANNER OF CALCULATING REI FILERS HAVE THE OPTION OF USIN	G REPORTING THRESHOL	DS THAT ARE ABSOLUT	E DOLLA	R VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR USING	COMPARATIVE THRESHO	LDS, WHICH ARE USUAL	LY BASE	ED ON PERCENTAGE VALUES
(see instructions for further details). C		USING (must check one)	:	
COMPARATIVE (PER	CENTAGE) THRESHOLDS	OR DOLL	AR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report,	ME [Major sources of income to write "none" or "n/a")	the reporting person - See ins	tructions)	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Salary	5801 Pelican Bay Blv	d. #110 Naples FL	Financial Advisor	
K-1 Income	5801 Pelican Bay Blv		Partnership Distribution	
	Joor Tonean Bay Bry	a. #110 Inapies I E	1 attiles	sinp Distribution
			<u> </u>	
PART B - SECONDARY SOURCES OF IN [Major customers, clients, and of (If you have nothing to report,	her sources of income to busine	sses owned by the reporting po	erson - See	e instructions]
[Major customers, clients, and of (If you have nothing to report, NAME OF	her sources of income to busine	sses owned by the reporting po ADDRESS OF SOURCE	erson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
[Major customers, clients, and of (If you have nothing to report, NAME OF	ther sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	ADDRESS	erson - See	PRINCIPAL BUSINESS
[Major customers, clients, and of (If you have nothing to report, NAME OF NABUSINESS ENTITY	ther sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	ADDRESS	erson - See	PRINCIPAL BUSINESS
[Major customers, clients, and of (If you have nothing to report, NAME OF NABUSINESS ENTITY	ther sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	ADDRESS	erson - See	PRINCIPAL BUSINESS
[Major customers, clients, and of (If you have nothing to report, NAME OF NABUSINESS ENTITY  N/A  PART C - REAL PROPERTY [Land, building (If you have nothing to report, volume in the control of the control of the customers).	ther sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	You an	PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the n this form. Attach additional
[Major customers, clients, and of (If you have nothing to report, NAME OF NABUSINESS ENTITY  N/A  PART C REAL PROPERTY [Land, building to report, and of the control of the customers of the c	ther sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	You an lines o sheets	PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the n this form. Attach additional, if necessary.
[Major customers, clients, and of (If you have nothing to report, NAME OF NABUSINESS ENTITY  N/A  PART C - REAL PROPERTY [Land, building (If you have nothing to report, volume in the control of the control of the customers).	ther sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	You an lines o sheets FILING and w	PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the n this form. Attach additional

PART D — INTANGIBLE PERSONAL PROPERTY [Si (If you have nothing to report, write "not	Stocks, bonds, certificates of deposit, etc See instructions] one" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Partner	Moran Wealth Management		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	ins] ine" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Suncoast Credit Union	6801 E. Hillsborough Ave. Tampa FL 33610		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	[Ownership or positions in certain types of businesses - See instructions] e" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	BOSINESS ENTIT # 2		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	S		
NATURE OF MY OWNERSHIP INTEREST			
I CERTIFY THAT I	s, appointed school superintendents, and commissioners of a community redevelopment complete annual ethics training pursuant to section 112.3142, F.S.  I HAVE COMPLETED THE REQUIRED TRAINING.		
	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILE Signature:  Date Signed:	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.  CPA/Attorney Signature:		
FILING INSTRUCTIONS:	Date Signed:		

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 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, 2020.