FORM 1F

FINAL STATEMENT OF **FINANCIAL INTERESTS**

2020

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)						
LAST NAME — FIRST NAME — MIDDLE NAME:	A	NAME OF REPORTING PE	RSON'S A	AGENCY:		
MAILING ADDRESS:	Dara	Village of	Esta	-O		
24 199 Montain View Dr		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
		LOCAL OFFICE SPECIFIED ST		STATE OFFICER		
CITY: ZIP:	COUNTY:			Design Rowlen		
Bonita Spilas 34175	Lec	Bourd				
*** <u>BOTH</u> PARTS OF THIS SECTION <u>MUST</u> BE COMPLETED***						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL IN' OFFICE OR EMPLOYMENT DESCRIBED ABOVE						
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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):						
COMPARATIVE (PERCENTAGE) I			LAR VALI	JE THRESHOLDS		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]						
(If you have nothing to report, write		e to the reporting person - See	HISTIUCTION	isj		
NAME OF SOURCE OF INCOME	SOURC ADDRE					
ABB, Inc	7400 Tall Blub N. Noples 34108 Civil Eng. Firm					
,						
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by 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 B	BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE		
VA						
, ,						
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			and w	G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.		
Hone - 21820 Suget Lake Ct Estroy 33928			this f	RUCTIONS on who must file orm and how to fill it out on page 3 of this packet.		

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none		icates of deposit, etc See	instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A	_			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none	ns] ." or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NA				
(If you have nothing to report, write "none" NAME OF BUSINESS ENTITY 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 IF ANY OF PARTS A THROUGH F ARE	BUSINESS	S ENTITY # 1	BUSINESS ENTITY # 2 ET, PLEASE CHECK HERE	
SIGNATURE OF FILE		III	ORNEY SIGNATURE ONLY	
Signature: Date Signed: 7 / 29 / 20		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,		

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers 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

FILING INSTRUCTIONS:

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2020, you may not have filed Form 1 for 2019. In that case, this is not the last form you will file. Form 1F covers January 1, 2020, through your last day of office or employment. You will be required to file Form 1 for 2019 by July 1, 2020, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.