FORM 1	STATEM	IENT OF		2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	· [FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME :		_	
MAILING ADDRESS :				
CITY :	ZIP : COUNTY :			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :			
CHECK ONLY IF 🔲 CANDIDATE		APPOINTEE		
** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIT	REPORTABLE INTERESTS: SING REPORTING THRESHOL	DR CALENDAR YEAR EN DS THAT ARE ABSOLUTE	DING DE E DOLLAI	R VALUES, WHICH REQUIRES
(see instructions for further details).		JSING (must check one)	:	JE THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to repo		the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME	-	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	nd other sources of income to busines	sses owned by the reporting pe	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, bu (If you have nothing to repo		n - See instructions]	lines o	e not limited to the space on the on this form. Attach additional s, if necessary.
			FILIN and w	G INSTRUCTIONS for when where to file this form are and at the bottom of page 2.
			INSTR this fo	RUCTIONS on who must file form and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a")	ates of deposit, etc See ins	structions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or pos (If you have nothing to report, write "none" or "n/a") BUSIN	tions in certain types of bus	BUSINESS ENTITY # 2	
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			
agency created under Part III, Chapter 163 required to complete annual et	•		
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE	
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: Louis Manne A	CPA or ATT If a certified public accord in good standing with the she must complete the I, Form 1 in accordance of instructions to the form.	ORNEY SIGNATURE ONLY buntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the	
SIGNATURE OF FILER: Signature:	CPA or ATT If a certified public acco in good standing with th she must complete the I,	DRNEY SIGNATURE ONLY buntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.	
SIGNATURE OF FILER: Signature: Louis Rama	CPA or ATT If a certified public accord in good standing with the she must complete the I, Form 1 in accordance of instructions to the form.	DRNEY SIGNATURE ONLY buntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.	
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SIGNATURE OF FILER: Signature: Louis Rama	CPA or ATT If a certified public acco in good standing with th she must complete the I, Form 1 in accordance of instructions to the form. disclosure herein is true CPA/Attorney Signature	DRNEY SIGNATURE ONLY buntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.	
SIGNATURE OF FILER: Signature: Date Signed:	CPA or ATT(If a certified public acco in good standing with the she must complete the I,	DRNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorney ne Florida Bar prepared this form for you, he or following statement:	
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Signature: Signature: Maxim Maximum	CPA or ATT(If a certified public acco in good standing with the she must complete the she must complete the she must complete the she must complete the form. If a ccordance we disclosure herein is true. CPA/Attorney Signature Date Signed: Date Signed: Crandidates file this form MULTIPLE FILING UNN 1 with a qualifying officer or Supervisor of Election WHEN TO FILE: Initially and specified state emidate of his or her appoint date of his or her appoint for the she who must be confirmation, even if that appointment. Candidates must file appaers.	DRNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement:	