FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

| (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT) | | | | | | | | |
|--|-------------|---|---|------------------|-----------------------|---|--|--|
| LAST NAME — FIRST NAME — MIDDLE NAME: | | | NAME OF REPORTING PERSON'S AGENCY: | | | | | |
| BIDWELL Richard R | | | a 1001. to to amanda | | | | | |
| MAILING ADDRESS: | | | Board of Adjustments + APPeals CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): | | | | | |
| 2239 Egton Lo | y Ko | CT | | | | 200 5490; 10 | | |
| do-1 Eyjul no | NNE | | | CAL OFFICE | | | | |
| Lehigh Acres 339 | 172 | Les | | PECIFIED STA | | | | |
| CITY: ZIP: | | COUNTY: | LIST OFFICE O | R POSITION | N HELD: _ | Member | | |
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| ***BOTH PARTS OF THIS SECTION MUST BE COMPLETED*** | | | | | | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2019 AND THE LAST DATE I HELD THE PUBLIC | | | | | | | | |
| OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS DEC 31 2019, 2019. (Date must be prior to 12/31/19) | | | | | | | | |
| 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 (PER | | | OR 💆 | | LAR VALU | 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 "none" or "n/a") | | | | | | | | |
| NAME OF SOURCE OF INCOME | | SOURC | SOURCE'S ADDRESS | | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| Gammercial Plumbing | | 13720 Jesport Commerce Pky | | | Campagnes on Plumbras | | | |
| Sal otions | | FM 3391 | 7 7 7 | Contractor | | | | |
| Solutions | | 1 111 03/1 | - | MA | 1000 | 1-1.10 | | |
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| THE STATE OF THE S | | | 1 1 1 | | 5 5 6 | | | |
| DART R SECONDARY SOUR | SES OF | NCOME | | | | 23 | | |
| PART B SECONDARY SOURCE [Major customers, clients | s, and othe | er sources of income to busines | sses owned by rep | orting persor | n - See ins | structions] | | |
| (If you have nothing to | report, w | rite "none" or "n/a") | | | | PRINCIPAL BUSINESS | | |
| NAME OF BUSINESS ENTITY | | ME OF MAJOR SOURCES OF BUSINESS' INCOME | | ODRESS SOURCE | ì | ACTIVITY OF SOURCE | | |
| | | | 30.80 | | | 8 | | |
| NONE | | | ā | | | <u></u> | | |
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| | | | | | (\$1000 ft) | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] | | | | | | G INSTRUCTIONS for when where to file this form are | | |
| (If you have nothing to report, write "none" or "n/a") | | | | | | ed at the bottom of page 2. | | |
| Mara | | | | | W. | RUCTIONS on who must file | | |
| Nane | | | | | this f | orm and how to fill it out | | |
| | | | | | | on page 3 of this packet. | | |
| | | | | | | | | |

| [Stocks, bonds, certific | cates of deposit, etc See | instructions] | | |
|--|--|---|--|--|
| BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| (1B | 5 | | | |
| Sunco | IST Erech | TUNION | | |
| | | | | |
| ns] " or "n/a") | | | | |
| ADDRESS OF CREDITOR | | | | |
| | | | | |
| | | | | |
| | | | | |
| " or "n/a") | | usinesses - See instructions] BUSINESS ENTITY # 2 | | |
| Nan | 9 | | | |
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| E CONTINUED OF | N A SEPARATE SHE | ET, PLEASE CHECK HERE | | |
| SIGNATURE OF FILER: Signature: Date Signed: 2-6-2020 | | | | |
| | SUNCOC SUNCOC S] " or "n/a") ES [Ownership or post" or "n/a") BUSINESS A CONTINUED ON | BUSINESS ENTITY TO WHICH SUPPLIANT SUPPLIANT SIPPLIANT ADDRESS CO TO "n/a") BUSINESS ENTITY # 1 ADDRESS ENTITY # 1 ADDRESS ENTITY # 1 | | |

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) and send it to CEForm1@leg.state.fl.us. 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.

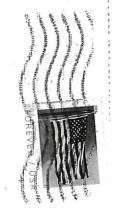
NOTE:

If you are leaving office or employment during the first half of 2019, you may not have filed Form 1 for 2018. In that case, this is not the last form you will file. Form 1F covers January 1, 2019, through your last day of office or employment. You will be required to file Form 1 for 2018 by July 1, 2019, 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.

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