FORM 1

STATEMENT OF Pg 1054



2018

Please print or type your name, mailing address, agency name, and position belo	w: FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:				
LAST NAME FIRST NAME MILL BOBACK DO								
MAILING ADDRESS :								
280 DONORA BL	_UD1							
	33931 LEE ZIP: COUNTY:							
TOWN OF FT.	Myons Boack							
TOWN COUNCIL								
NAME OF OFFICE OR POSITION	HELD OR SOUGHT :							
You are not limited to the space on the	ne lines on this form. Attach additional she	ets, if necessary.						
CHECK ONLY IF CANDIDAT	TE OR NEW EMPLOYEE OF	APPOINTEE						
**** DO	TH DADTE OF THE SECT	TON MUST BE CO	MDIET	ED ****				
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD:								
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):								
DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:								
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CALCULATIONS, OR USING CO	MPARATIVE THRESHOLDS, WHICH	ARE USUALLY BASED ON one):	N PERCEN	TAGE VALUES (see instructions				
*		for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
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PART A PRIMARY SOURCES O (If you have nothing to	F INCOME [Major sources of income to report, write "none" or "n/a")		tructions]					
PART A PRIMARY SOURCES O (If you have nothing to NAME OF SOURCE OF INCOME	report, write "none" or "n/a") SO		DES	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY				
(If you have nothing to NAME OF SOURCE OF INCOME	report, write "none" or "n/a") SO AD	the reporting person - See ins URCE'S DRESS	DES PF	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY				
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]						
(If you have nothing to report, write "non TYPE OF INTANGIBLE	ne" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
	11/1					
	N/N					
PART E — LIABILITIES [Major debts - See instructions]						
(If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
5/3 BANK						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF BUSINESS ENTITY	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	. /	\mathcal{A}				
POSITION HELD WITH ENTITY	MA					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.						
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.						
IF ANY OF PARTS A THROUGH G ARE CONTINUED 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 attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:				
Am Chalian		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.				
Date Signed: 6-28-19		CPA/Attorney Signature:				
		Date Signed:				
FILING INSTRUCTIONS:						

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) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing 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, 2018.

Pg ZOF4 FORM 1 STATEMENT OF 2018 FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : ATTACAMONT BOBACK DEUNIS CLARK #1 MAILING ADDRESS: CITY: ZIP: COUNTY: NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT: You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. ■ NEW EMPLOYEE OR APPOINTEE CHECK ONLY IF CANDIDATE OR **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: **DECEMBER 31, 2018** OR 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). CHECK THE ONE YOU ARE USING (must check one): **DOLLAR VALUE THRESHOLDS** OR COMPARATIVE (PERCENTAGE) 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") DESCRIPTION OF THE SOURCE'S NAME OF SOURCE SOURCE'S PRINCIPAL BUSINESS ACTIVITY **ADDRESS** OF INCOME PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") PRINCIPAL BUSINESS **ADDRESS** NAME OF MAJOR SOURCES NAME OF **ACTIVITY OF SOURCE** OF BUSINESS' INCOME OF SOURCE **BUSINESS ENTITY** PELICAN WATCH CONDO GONDU ASSOC

BOBACK MGMT SERVICES LIC

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* Del MAR. CONDO

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

2532 ESTERO BLUD, FMB, FL

4450 65 PEROBLUS, FMB FL

7390 ESTERO BUD. FMB FL

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FILING INSTRUCTIONS for when

and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out

begin on page 3.

STATEMENT OF 6 30F4 FORM 1 2018 **FINANCIAL INTERESTS** Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : ATTACHMOUT CLARK BOBACIC DENNIS #2 MAILING ADDRESS : CITY: ZIP: COUNTY: NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT: You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): **DECEMBER 31, 2018** OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS **DOLLAR VALUE 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 DESCRIPTION OF THE SOURCE'S SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the 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 BUSINESS' INCOME **ACTIVITY OF SOURCE** OF SOURCE BOBACK MANTE SANCES LIC ESTERO BENEW CLUB EAST COW 2650 ESTERO BLUD, PMB FL CONDO ASSOC MANT. 11 MULEGIAG PORK WEST COND 6916 Conservant DR, FT. Mons FL 11 Sours MARIA RESORT CONSU 7307 ESTONO BLUE, FMB FL 10

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PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

Pg 4084 FORM 1 STATEMENT OF 2018 FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : AMACHMENT BOBACK DENNIS CLARK MAILING ADDRESS : #3 CITY: ZIP: COUNTY: NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT: You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** **DISCLOSURE PERIOD:** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): **DECEMBER 31, 2018** SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: OR 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). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS **DOLLAR VALUE 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the 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 BUSINESS' INCOME **ACTIVITY OF SOURCE** OF SOURCE FMB SONTA MARIA BLOGIL CONDO BUSACK MAMY SERVICOS LLC CONDO ASSOC 7317-7327 ESTEROBLUD. SOUTH MARIA MOSTOR 60000 7307-7317-7327-65 MORO BLUD. FL 11 SORATO MARIA DOCK COOPERATION 7307-7317-7327 ESTEROBLUD.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.