FORM 1	STATEM	IENT OF		2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE  BUYGESS  MAILING ADDRESS:  AGE  VALVE  MAILING ADDRESS:	NAME: Mes Hog River Loop	Road		720JUL01PM02275JE	
NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD CHECK ONLY IF CANDIDATE	ZIP: 33905  COUNTY:  Sect 5  OR NEW EMPLOYEE OR	Lee Dist.		77 SUE Lee CoF1	
**	** THIS SECTION MUS	ST BE COMPLETED	) ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU				CEMBER 31, 2019.	
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 OF INCOME Pla. State Retive S.S U.S. Go	ment Tallaha	DC.	Р	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY EVENUENT	
				,	
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to business	sses owned by the reporting pe	rson - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
A CHE					
	ч				
PART C REAL PROPERTY [Land, build have nothing to report of the same of the	Idings owned by the reporting perso t, write "none" or "n/a") Avias Pavik, 18	n - See instructions] 541 Orlando Road	lines of sheets FILING and w	e not limited to the space on the on this form. Attach additional if it is increased in the space on the on this form. Attach additional is if necessary.  GINSTRUCTIONS for when here to file this form are	
		·	INSTR	d at the bottom of page 2. CUCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"					
TYPE OF INTANGIBLE					
Starts ? IRA	Various				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"					
NAME OF CREDITOR \	ADDRESS OF CREDITOR				
1/1/2					
\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Overline] (If you have nothing to report, write "none" o	Ownership or positions in certain types of businesses - See instructions] or "n/a")				
	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2	:			
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	_ 10 / K				
POSITION HELD WITH ENTITY					
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	<u>u</u>			
SIGNATURE OF FILER	R: CPA or ATTORNEY SIGNATURE ON	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:			
Pata Signed:	I,, prepared Form 1 in accordance with Section 112.3145, Florida Statutes	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			
Date Signed:  30 - VI - 20	CPA/Attorney Signature:	CPA/Attorney Signature:  Date Signed:			
FILING INSTRUCTIONS:	Date Signed.				
LIPHA MOLKOCHONO:					

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 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, 2019.