FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2019

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(IO BE FIL	ED WITHIT	OU DAYS OF LEAV	ING PUBLIC OFFIC	CE OR EMPLOYMENT)			
LAST NAME — FIRST NAME — MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:				
DAMIANO JUSTIN	- ROBERT		IAYRORT				
MAILING ADDRESS:			JAXPORT				
8624 ELEUTHERA C	OURT		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
			LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE				
CITY: ZIP: COUNTY:			LIST OFFICE OR POSITION HELD: DIR., GOVT, AFFAIRS				
FT MYERS	33907	LEE					
MANNER OF CALCULAT FILERS HAVE THE OPTIC CALCULATIONS, OR USING details). PLEASE STATE BE	TS MY FINANCIAL DESCRIBED ABO TING REPORTA ON OF USING F	INTERESTS FOR THE PERI DVE, WHICH DATE WAS JU BLE INTERESTS: REPORTING THRESHOLDS THRESHOLDS, WHICH ARE	THAT ARE ABSOLUTE DO USUALLY BASED ON PERIS SEITHER (must check one):	2019 AND THE LAST DATE I HELD THE PUBLIC ., 2019. (Date must be prior to 12/31/19) DLLAR VALUES, WHICH REQUIRES FEWER			
COMPARATIVE (PERCENTAGE) THRESHOLDS OR OR DOLLAR VALUE THRESHOLDS							
(If you have not)	hing to report, w	rite "none" or "n/a") SOUR		DESCRIPTION OF THE SOURCE'S			
JAXPORT WAGES		2831 TALLEYRAND AVENUE		PRINCIPAL BUSINESS ACTIVITY SEAPORT			
RENTAL INCOME		8624 ELEUTHERA COURT					
N/A		0024 ELECTHERA COURT		RESIDENTIAL ADDRESS			
N/A							
N/A							
N/A							
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to bus (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME				on - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
N/A							
N/A							
N/A							
PART C REAL PROPEI (If you have not) 8624 ELEUTHERA C 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						
N/A				begin on page 3 of this packet.			
N/A							

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "non-	r (Stocks, bonds, certifi e" or "n/a")	icates of deposit, etc See	e instructions]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
N/A							
N/A							
N/A							
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none							
NAME OF CREDITOR	ADDRESS OF CREDITOR						
AMERICAN FINANCIAL RESOURCES	PO BOX 37628, PHILADELPHIA, PA 19101						
N/A							
N/A							
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "none NAME OF BUSINESS ENTITY	ES [Ownership or positions in certain types of businesses - See instructions] " or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 N/A						
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 AR	E CONTINUED O	N A SEPARATE SHE	ET. PLEAS	E CHECK HERE			
SIGNATURE OF FILE Signature: Date Signed: 6-28-19	CPA or ATTORNEY SIGNATURE ONLY 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,						
FILING INSTRUCTIONS.							

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. 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.

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.