FORM 1F

# FINAL STATEMENT OF FINANCIAL INTERESTS

2019

(TO BE FILED WITHI	N 60 DAYS OF LEAV	ING PUBLIC OFFIC	CE OR	EMPLOYMENT)		
LAST NAME — FIRST NAME — MIDDLE NAM  Dauti Gandra  MAILING ADDRESS:	"Yoneth	NAME OF REPORTING PE	RSON'S A	agency:		
2706 45th St Lehigh Acres, For	33976 county:	CHECK ONE OF THE FOLL LOCAL OFFICE SPECIFIED S LIST OFFICE OR POSITION	CER  TATE EMP	汉		
***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 PERIOD OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS April 23 , 2019. (Date must be prior to 12/17/19)  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 (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INC (If you have nothing to report, w	OME [Major sources of incomrite "none" or "n/a")	e to the reporting person - See	e instruction	ns]		
NAME OF SOURCE OF INCOME				RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY  TRANSMENT  TO THE SOURCE'S		
tec da 119 state		Secure 3 6	g A	1 19319		
		Paris	MA			
PART B SECONDARY SOURCES OF [Major customers, clients, and oth (If you have nothing to report, w NAME OF NAME	er sources of income to busine	sses owned by reporting person  ADDRESS  OF SOURCE	n - See ins	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None						
PART C REAL PROPERTY [Land, build (If you have nothing to report, w		erson - See instructions]	and w locate INSTF this fe	G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2. RUCTIONS on who must file orm and how to fill it out on page 3 of this packet.		
	<del></del>					

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none	Stocks, bonds, certife or "n/a")	icates of deposit, etc See	instructions]	
TYPE OF INTANGIBLE	В	USINESS ENTITY TO WHI	CH THE PROPERTY RELATES	
N/A				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none	ns] " or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
N/A				
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "none"	" or "n/a")		usinesses - See instructions)  BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS E		BOSINESS ENTIT # 2	
ADDRESS OF BUSINESS ENTITY	N/A .			
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 ARE	CONTINUED O	N A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature:  Date Signed:  4-13-19		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,		

# 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.