ATTACHMENT A				
FORM 1	STATEMENT OF		20 15	
'lease print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE NAME D=Pasquale Colle		_	4.21	
MAILING ADDRESS: 14300 RWA DEL LAGO	Dr	fory	r 2015	
1602				
•	COUNTY:			
NAME OF AGENCY: TDC, ROSTORE, CAC				
NAME OF OFFICE OR POSITION HELD OR S	SOUGHT:			
council membe	Associated Michael Special Manager 1			
You are not limited to the space on the lines on th				
CHECK ONLY IF CANDIDATE OR	Control of the Contro	The state of the s	and a market for the same of the second	
**** BOTH PAI	RTS OF THIS SECTION MUST B	E COMPLE	TED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAN YEAR OR ON A FISCAL YEAR. PLEASE ST	ICIAL INTERESTS FOR THE PRECEDING TAX TATE BELOW WHETHER THIS STATEMENT IS	YEAR, WHET	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING	
EITHER (must check one):  DECEMBER 31, 2013				
MANNER OF CALCULATING REPORTABLE	E INTERESTS: PORTING THRESHOLDS THAT ARE ABSOLU E THRESHOLDS, WHICH ARE USUALLY BASI	ITE DOLLAR V ED ON PERCE	ALUES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions for	
☐ COMPARATIVE (PERCEN	TAGE) THRESHOLDS OR 🔲 I	DOLLAR VAL	JE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report, wri	[Major sources of income to the reporting person - ite "none" or "n/a")	See instructions	<b>[</b> ]	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
GEMCE	2310 Edwards Dr. Ft Ryea	FI CV	nambor of Commore	

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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

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

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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.

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor		ctions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
n/a.			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	•		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
nla			
PART F — INTERESTS IN SPECIFIED BUSINESSES [ (If you have nothing to report, write "none"		ses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	Ft myar Floral Desky	DOINEGO ENTIT # 2	
ADDRESS OF BUSINESS ENTITY	148W & Cleveland Ptymyer		
PRINCIPAL BUSINESS ACTIVITY	Florist		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	らか		
NATURE OF MY OWNERSHIP INTEREST	ou w extustance		
IF ANY OF PARTS A THROUGH F AF	RE CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE 🔲	
SIGNATURE (required):	DATE SIGNED (required):		
receptable las	2/12/16		
If a certified public accountant licensed under Chapt she must complete the following statement:			
I,the instructions to the form. Upon my reasonable kn	, prepared the CE Form 1 in accordance owledge and belief, the disclosure herein is tru	with Section 112.3145, Florida Statutes, and e and correct.	
Signature		Date	
	FILING INSTRUCTIONS:	nt erfall plant beginner in die 'n die Samer innerhalte in bleede. Der delaktivels Krabe de freminischen der	

## WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filling.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

### NOTE

# **MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

## WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

## 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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.