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FORM 1 STATEMENT C			MENT OF		2018	
Please print or type your name, mailing address, agency name, and position below:				S	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME N	AIDDLE N					
MAILING ADDRESS : PA	ul	CHARK				
lo rox 3	27					
CITY: ZIP: COUNTY: BELAGNANDE 33921 LEE NAME OF AGENCY:						
BOCH GILANDE HISTO NAME OF OFFICE OR POSITION	N HELD (PRESERVATION DR SOUGHT :	BOUARD			
		member				
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR X NEW EMPLOYEE OR APPOINTEE						
**** BC DISCLOSURE PERIOD:	DTH P	ARTS OF THIS SEC	TION <u>MUST</u> BE CO	MPLE	TED ****	
THIS STATEMENT REFLECTS YEAR OR ON A FISCAL YEAR. EITHER (must check one):	YOUR F PLEAS	INANCIAL INTERESTS FOR E STATE BELOW WHETHER	THE PRECEDING TAX YEA	AR, WHET R THE PRE	HER BASED ON A CALENDAR ECEDING TAX YEAR ENDING	
DECEMBER 3	1, 2018	OR SPEC	IFY TAX YEAR IF OTHER TH	HAN THE (CALENDAR YEAR:	
MANNER OF CALCULATING FILERS HAVE THE OPTION OF CALCULATIONS, OR USING CO for further details). CHECK THE	USING OMPARA	REPORTING THRESHOLDS	ARE USUALLY BASED O	LAR VALU	JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions	
		CENTAGE) THRESHOLDS			JE THRESHOLDS	
PART A PRIMARY SOURCES C (If you have nothing to	OF INCON preport,	IE [Major sources of income to write "none" or "n/a")	the reporting person - See ins	structions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
THEFT		BLANKCK AMERS	CA. USTRUT	Thee	ST IN UESTMENTS	
		KOS FEDERALS	T, BOSTON,			
		MA 02116				
PART B SECONDARY SOURCE [Major customers, clien (If you have nothing to	ts, and ot	COME her sources of income to busines write "none" or "n/a")	sses owned by the reporting p	erson - See	instructions]	
NAME OF BUSINESS ENTITY		NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
r6A	rea					
PART C REAL PROPERTY II an	d, buildin	as owned by the reporting porce	n - See instructional			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					S INSTRUCTIONS for when here to file this form are	
NA					located at the bottom of page 2.	
					UCTIONS on who must file orm and how to fill it out on page 3.	
		-		acau	page 0.	
CE EORM 1 - Effective: January 1, 2019						

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, but (if you have nothing to report, write "none" or " TYPE OF INTANGIBLE	'n/a")		Tructions]				
Jt A							
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "	'n/a")						
NAME OF CREDITOR		ADDRES	S OF CREDITOR				
144							
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") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2							
NAME OF BUSINESS ENTITY	14	749					
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			n i hann she al bara ana ana an				
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.							
IF ANY OF PARTS A THROUGH G ARE CO	NTINUED ON A	SEPARATE SHE	ET, PLEASE CHECK HERE				
SIGNATURE OF FILER: Signature: Paul C. Eddy	in sh I, Fc	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,, 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:	C	CPA/Attorney Signature:					
05-22-2019		Date Signed:					
- FILING INSTRUCTIONS:							
If you were mailed the form by the Commission on Ethics Supervisor of Elections for your annual disclosure filing form to that location. To determine what category your p under, see page 3 of instructions. <i>Local officers/employees</i> file with the Supervisor of of the county in which they permanently reside. (If permanently reside in Florida, file with the Supervisor of where your agency has its headquarters.) Form 1 filers w the Supervisor of Elections may file by mail or email. C Supervisor of Elections for the mailing address or email use. <u>Do not email your form to the Commission on Ethics returned</u> . <i>State officers or specified state employees</i> who ff Commission on Ethics may file by mail or email. To file send the completed form to P.O. Drawer 15709, Talla 32317-5709; physical address: 325 John Knox Rd, Bldg Tallahassee, FL 32303. To file with the Commission by your completed form and any attachments as a pdf (do other format) and send it to CEForm1@leg.state.fl.us. <u>D</u> both mail and email. Choose only one filing method. Form	 return the position falls of Elections you do not file with contact your l address to cs, it will be tile with the file by mail, ahassee, FL E, Ste 200, email, scan not use any o not file by MULT 1 with or Su WHE and Appoint of Canada Appoint of the county who file with the file by mail, and sea any o not file by 	 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: <i>Initially</i>, 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. 					

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