FORM 1		STATEMENT OF			
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL INTE	RESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIL Grant, Joshua Will	DLE NAME :			FLORIDA	
MAILING ADDRESS: 3330 SE 11th Av			COM	MISSION ON ETHICS	
<u> </u>	2			SEP 2 6 2017	
CITY:	ZIP: COUNTY:			RECEIVED	
Case Cots \ NAME OF AGENCY:	33904 Lee			• •	
Scrasota National Com	whity Development District				
NAME OF OFFICE OR POSITION F BOATO SUPERVISOR	IELD OR SOUGHT:				
You are not limited to the space on the	lines on this form. Attach additional sheets, if necessary	<i>y.</i>			
CHECK ONLY IF CANDIDATI	OR NEW EMPLOYEE OR APPOINTEE				
**** BOT	<u>'H</u> PARTS OF THIS SECTION <u>MUS</u>	T BE CON	IPLETE	D ****	
THIS STATEMENT REFLECTS YO	OUR FINANCIAL INTERESTS FOR THE PRECEDI LEASE STATE BELOW WHETHER THIS STATEN	ING TAX YEAR MENT IS FOR T	, WHETHE HE PRECI	ER BASED ON A CALENDAR EDING TAX YEAR ENDING	
DECEMBER 31,	2016 OR D SPECIFY TAX YEAR	IF OTHER THA	N THE CA	LENDAR YEAR:	
CALCULATIONS, OR USING COM	EPORTABLE INTERESTS: SING REPORTING THRESHOLDS THAT ARE ABS APARATIVE THRESHOLDS, WHICH ARE USUALL INE YOU ARE USING (must check one):	SOLUTE DOLL/ LY BASED ON	AR VALUE PERCENT,	S, WHICH REQUIRES FEWER AGE VALUES (see instructions	
	(PERCENTAGE) THRESHOLDS OR	DOLLA	R VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF	INCOME [Major sources of income to the reporting pe	erson - See instri	uctions]		
(If you have nothing to r	eport, write "none" or "n/a") SOURCE'S		DESCRIPTION OF THE SOURCE'S		
OF INCOME	ADDRESS		PRINCIPAL BUSINESS ACTIVITY		
None			····		
					
			······································		
	OF INCOME and other sources of income to businesses owned by t eport, write "none" or "n/a")	the reporting pers	son - See in	structions]	
NAME OF BUSINESS ENTITY		ADDRESS F SOURCE	***	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None				NOTIVITY OF CONTRACT	
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
None			INSTRUCTIONS on who must file this form and how to fill it out		
To discribe a manufacture production of the control			begin o	n page 3.	

PART D — INTANGIBLE PERSONAL PROPER	TV (Stacks boads contificate	os of donesit stee See			
(ii you have nothing to report, write	e "none" or "n/a")	es от деровіт, етс эее	instructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
None					
PART E — LIABILITIES [Major debts - See inst	ructions]				
(If you have nothing to report, writ	e "none" or "n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR			
None					
PART F — INTERESTS IN SPECIFIED BUSINES	SES [Ownership or positio	ns in certain types of b	usinassas - Saa instructions1		
(If you have nothing to report, write	"none" or "n/a")	SS ENTITY # 1			
NAME OF BUSINESS ENTITY	I None		BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUS	NESS				
NATURE OF MY OWNERSHIP INTEREST		·			
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		I A SEPARATE SH	EET, PLEASE CHECK HERE		
IF ANY OF PARTS A THROUGH G SIGNATURE OF F			EET, PLEASE CHECK HERE TORNEY SIGNATURE ONLY		
		CPA or AT If a certified public ac in good standing with	Countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or		
SIGNATURE OF F		CPA or AT If a certified public ac in good standing with she must complete th 1,	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112,3145, Florida Statutes, and the		
SIGNATURE OF F		CPA or AT If a certified public ac in good standing with she must complete th 1,	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the m. Upon my reasonable knowledge and belief, the		
SIGNATURE OF F Signature: Date Signed:		CPA or AT If a certified public ac in good standing with she must complete th 1,	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement: prepared the CE with Section 112.3145, Florida Statutes, and the m. Upon my reasonable knowledge and belief, the use and correct.		
SIGNATURE OF F	ILER:	CPA or AT If a certified public ac in good standing with she must complete th 1, Form 1 in accordance instructions to the ford disclosure herein is tr	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement: prepared the CE with Section 112.3145, Florida Statutes, and the m. Upon my reasonable knowledge and belief, the use and correct.		
SIGNATURE OF F Signature: Date Signed:	ILER:	CPA or AT If a certified public ace in good standing with she must complete the she mus	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement: prepared the CE with Section 112.3145, Florida Statutes, and the m. Upon my reasonable knowledge and belief, the use and correct.		
SIGNATURE OF F Signature: Date Signed: 9/26/2017 WHAT TO FILE:	FILING INSTR WHERE TO FILE:	CPA or AT If a certified public ac in good standing with she must complete the standard	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the m. Upon my reasonable knowledge and belief, the ue and correct.		
SIGNATURE OF F Signature: Date Signed: 9/26/2017	ILER: FILING INSTR	CPA or AT If a certified public ac in good standing with she must complete the she must	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement:		
SIGNATURE OF F Signature: Date Signed: 9/26/2017 WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first	FILING INSTR WHERE TO FILE: If you were mailed the form on Ethics or a County Superyour annual disclosure filing that location. Local officers/employee Supervisor of Elections of the	CPA or AT If a certified public ac in good standing with she must complete the she county in accordance instructions to the form disclosure herein is the CPA/Attorney Signature Date Signed: UCTIONS: The by the Commission previsor of Elections for any return the form to the she county in which they	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement:		
SIGNATURE OF F Signature: Date Signed: 9/26/2017 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, write "none" or "n/a" in that section(s). NOTE:	FILING INSTR WHERE TO FILE: If you were mailed the form on Ethics or a County Superyour annual disclosure filtre that location. Local officers/employee Supervisor of Elections of the permanently reside. (If you reside in Florida, file with	CPA or AT If a certified public ac in good standing with she must complete the she county in accordance instructions to the form disclosure herein is the CPA/Attorney Signature Date Signed: UCTIONS: The by the Commission for the she county in which they are county in which they are do not permanently the Supervisor of the she county in which they are count	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement:		
SIGNATURE OF F Signature: Date Signed: 9/26/2017 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, write "none" or "n/a" in that section(s). NOTE: MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission	FILING INSTR WHERE TO FILE: If you were mailed the form on Ethics or a County Superyour annual disclosure filing that location. Local officers/employee Supervisor of Elections of the permanently reside. (If you reside in Florida, file with a county where your agency in State officers or specific	CPA or AT If a certified public ac in good standing with she must complete the she county in a certified public she she county in which they a do not permanently the Supervisor of the shes its headquarters.)	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement:		
SIGNATURE OF F Signature: Date Signed: 9/26/2017 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, write "none" or "n/a" in that section(s). NOTE: MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying	FILING INSTR WHERE TO FILE: If you were mailed the form on Ethics or a County Superyour annual disclosure filing that location. Local officers/employee Supervisor of Elections of the permanently reside. (If you reside in Florida, file with a county where your agency in the state of the permanent of the permane	CPA or AT If a certified public ac in good standing with she must complete the standard complete that a certified public ac in good standing with she must complete the standard complete that a certified public accordance instructions to the form disclosure herein is the CPA/Attorney Signature Date Signed: UCTIONS: The by the Commission ervisor of Elections for a certified public accounts in which they are county in which they are county in which they are county in which they are supervisor of the these its headquarters.) The state employees are state employees are Ethics, P.O. Drawer according to the county in the supervisor of the county in the supervisor o	countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the m. Upon my reasonable knowledge and belief, the ue and correct. 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		

To determine what category your position falls under, see page 3 of instructions.

qualifying papers.

December 31, 2016.