FORM 1	STATEN	STATEMENT OF		2020	
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL INTEREST			FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MID MAILING ADDRESS :	DOLE NAME:  OHN GEORGIE				
9621 VIA LAGO WAY					
	0				
CITY: FORM NYERS 33912 COUNTY:					
NAME OF AGENCY COMI	munity Development Distr	rict			
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Supervisor					
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE					
DISCLOSURE PERIOD:	**** THIS SECTION MUS				
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.					
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR U (see instructions for further detail	G REPORTABLE INTERESTS: F USING REPORTING THRESHOL JSING COMPARATIVE THRESHO IIS). CHECK THE ONE YOU ARE (PERCENTAGE) THRESHOLDS	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUALI USING (must check one):	Y BASI	ED ON PERCENTAGE VALUES	
	FINCOME [Major sources of income to			UE THRESHOLDS	
(If you have nothing to I	report, write "none" or "n/a")	the reporting person occurrent	actions		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
GUFFOINT CON CO. INC. 9240 MARKITPHU RD. 3:		PALL RD. 33912	3912 CONTRACTOR		
			***************************************		
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to	S OF INCOME s, and other sources of income to busines report, write "none" or "n/a")	sses owned by the reporting per	son - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY II and	huildings owned by the reporting parce	n. Soo 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")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.		
office			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 [Stocks, b (If you have nothing to report, write "none" or '	onds, certificates of deposit, etc See instructions]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
···· 2 or www.	BOOINEOU ENTITI TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "	'n/a'')				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
none					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Owner (If you have nothing to report, write "none" or "n/o	ship or positions in certain types of businesses - See instructions] a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY 95	UFPOINT CON CO 240 MARKET PLACE AV 39912				
	SUTRACTOR				
	Resident				
N. DEC ANNOTABLE VICTORIA A	155				
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
Signature:  Date Signed:  8-8-21	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,				
	Date Signed:				
<b>FILING INSTRUCTIONS:</b>					

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

**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.) Form 1 filers who file with the Supervisor of Elections 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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filling method. Form 6s will not be accepted via email.

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: *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 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, 2020.