FORM 1

STATEMENT OF

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| Please print or type your name, mailing address, agency name, and position below | FINANCIAL | INTERESTS | | FOR OFFICE USE ONLY: |
|---|---|---|--|--|
| LAST NAME FIRST NAME MID | DLE NAME : | | | |
| MAILING ADDRESS : | | | | |
| | | | | |
| CITY: | ZIP: COUNTY: | | | |
| NAME OF AGENCY : | | | | |
| NAME OF OFFICE OR POSITION I | ELD OR SOUGHT : | | | |
| CHECK ONLY IF | OR NEW EMPLOYEE OR | APPOINTEE | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS | **** THIS SECTION MUS | | | CEMBER 31, 2020. |
| FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR L | I REPORTABLE INTERESTS: USING REPORTING THRESHOLI SING COMPARATIVE THRESHOLI S). CHECK THE ONE YOU ARE U | LDS, WHICH ARE USUALI | | • |
| | PERCENTAGE) THRESHOLDS | | | E THRESHOLDS |
| PART A PRIMARY SOURCES OF | INCOME [Major sources of income to | the reporting person - See instr | ructions] | |
| (If you have nothing to r | eport, write "none" or "n/a") | | | |
| (If you have nothing to r NAME OF SOURCE OF INCOME | l SOI | JRCE'S DRESS | | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY |
| NAME OF SOURCE | l SOI | | | |
| NAME OF SOURCE | l SOI | | | |
| NAME OF SOURCE | l SOI | | | |
| NAME OF SOURCE OF INCOME PART B SECONDARY SOURCES [Major customers, clients | SOL | DRESS | Pf | RINCIPAL BUSINESS ACTIVITY |
| NAME OF SOURCE OF INCOME PART B SECONDARY SOURCES [Major customers, clients | OF INCOME and other sources of income to busines | DRESS | Pf | RINCIPAL BUSINESS ACTIVITY |
| PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to | OF INCOME and other sources of income to busines eport, write "none" or "n/a") NAME OF MAJOR SOURCES | esses owned by the reporting per | Pf | instructions] PRINCIPAL BUSINESS |
| PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to | OF INCOME and other sources of income to busines eport, write "none" or "n/a") NAME OF MAJOR SOURCES | esses owned by the reporting per | Pf | instructions] PRINCIPAL BUSINESS |
| PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land | OF INCOME and other sources of income to busines eport, write "none" or "n/a") NAME OF MAJOR SOURCES | Sees owned by the reporting per ADDRESS OF SOURCE | rson - See You are | instructions] PRINCIPAL BUSINESS |
| PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land | OF INCOME and other sources of income to busines eport, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME | Sees owned by the reporting per ADDRESS OF SOURCE | You are lines or sheets, FILING and wi | instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the n this form. Attach additional |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, but (If you have nothing to report, write "none" or | bonds, certificates of deposit, etc See instructions] "n/a") | | | | | |
|--|---|--|--|--|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY 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 I | ADDRESS OF CREDITOR | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Owne (If you have nothing to report, write "none" or "n | ership or positions in certain types of businesses - See instructions] | | | | | |
| (If you have nothing to report, write holle of hi | BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 | | | | | |
| NAME OF BUSINESS ENTITY | | | | | | |
| 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 | | | | | | |
| 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 comple | | | | | | |
| ☐ 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 OF FILER: | CPA or ATTORNEY SIGNATURE ONLY | | | | | |
| Signature: | 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: | | | | | |
| James Kasiewicz | 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: | CPA/Attorney Signature: | | | | | |
| | Date Signed: | | | | | |
| FILING INSTRUCTIONS: | | | | | | |

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 filing 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

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.