

STATEMENT OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME

LAVALLE, Dennis Peter

MAILING ADDRESS:

28237 Altessa Way

CITY:

Bonita Springs 34135 LEE

NAME OF AGENCY:

VASATI Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Supervisor

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

20DEC15AM083350ELE Lee Co FI

*** THIS SECTION MUST BE COMPLETED ***

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person - See instructions)

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S FINANCIAL BUSINESS ACTIVITY
None		

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
None			

PART C -- REAL PROPERTY (Land, buildings owned by the reporting person - See instructions)

(If you have nothing to report, write "none" or "n/a")

None

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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, bonds, certificates of deposit, etc. - See instructions)

(If you have nothing to report, write none or N/A.)

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
SAVINGS	BANK of AMERICA
ANNUITY	Global Life Ins Co

PART E - LIABILITIES (Major debts - See instructions)

NAME OF CREDITOR	ADDRESS OF CREDITOR
HONDA FINANCIAL SERVICES	P O BOX 1027 ALPHERETTA G.A.
NISSAN MOTOR ACCEPTANCE CORP	PO BOX 660360 DALLAS TX.

PART F - INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	NONE	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
NATURE OF MY OWNERSHIP INTEREST		

PART G - TRAINING

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ADDITIONAL INFORMATION IS CONTAINED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: *Dennis Lavalle*

Date Signed: *12/12/20*

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 475, or attorney, has 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. Based on my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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.

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 for more information.

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 Supervisor of Elections should file by mail. To file by mail, send your form to the Supervisor of Elections, 1000 E. 11th Street, Tallahassee, FL 32304.

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for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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.

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.

Specifically, file a final disclosure form (Form 1F) within 60 days of the end of your term. Filing a CE Form 1 Final Statement of Financial Interests does not relieve the filer of filing a CE Form 1 if the filer was in the office or position on December 31, 2020.

L Dennis Lavallo
28237 Altessa Way
Bonita Springs, FL 34135

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FOREVER / USA

LEE County
Supervisor of Elections
PO Box 2545
Fort Myers FL 33902

ATTN: Financial Disclosure

20DEC15 10833 91E Lee Co FL

33902-254545

