FORM 1	STATE	STATEMENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	L INTERESTS	3	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDL	E NAME :			•
MAILING ADDRESS:	Ry M			
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	U			<u>9</u>
CITY:	ZIP: COUNTY:			, j
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		77. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		<u>M</u>
NAME OF OFFICE OR POSITION HEL	LD OR SOUGHT:			쏡
Supervisor M	Timmar Lake	Q () )		е С
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE O	R APPOINTEE		20MAY294M1051 SDE Lee Co F
and the second proof of the second contract o	والمعارض والم	entropie de la company de la c		
DISCLOSURE PERIOD:		ST BE COMPLETED		
THIS STATEMENT REFLECTS YOU	UR FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2019.
MANNER OF CALCULATING R	REPORTABLE INTERESTS	<b>:</b>		
FILERS HAVE THE OPTION OF US FEWER CALCULATIONS OR USIN	SING REPORTING THRESHOL	DS THAT ARE ABSOLUTE	DOLLA	R VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR USIN (see instructions for further details).	CHECK THE ONE YOU ARE	ILDS, WHICH ARE USUALI USING (must check one):	LY BASE	ED ON PERCENTAGE VALUES
	ERCENTAGE) THRESHOLDS	FD/		UE THRESHOLDS
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to			or mirrores
(if you have nothing to repo	rt, write "none" or "n/a")	And taken and keep and the	(Motion	
NAME OF SOURCE OF INCOME		DURCE'S	DE	SCRIPTION OF THE SOURCE'S
LPL Finance 12	7 /	7 11 6. 50	r ı	RINCIPAL BUSINESS ACTIVITY
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STORY OF THE REAL PROPERTY OF THE PERTY OF T	L My Governm	PAT	<u> </u>	Cial Security
			<del>-, - ;-, ,-</del>	•
PART B - SECONDARY SOURCES OF	INCOME		The same of the same of	
[Major customers, clients, and (If you have nothing to repo	d other sources of income to business	sses owned by the reporting per	son - See	instructions)
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	,	ACTIVITY OF SOURCE
				The second secon
The second secon	The control of the co			
PART C REAL PROPERTY [Land, build (If you have nothing to report	ldings owned by the reporting person	n - See instructions]	You are	not limited to the space on the
to you made many or reports with the many			lines or	n this form. Attach additional if necessary.
	<del> </del>		FILING	INSTRUCTIONS for when
			and with	nere to file this form are d at the bottom of page 2.
			INSTRI	UCTIONS on who must file
			this for	rm and how to fill it out

DADT D. INTANADI P. DEDOMINA					
PART D — INTANGIBLE PERSONAL PROPERTY [Sk (If you have nothing to report, write "non	ocks, bonds, certificates of deposit, etc ne" or "n/a")	See instructions)			
TYPE OF INTANGIBLE	•	TY TO WHICH THE PROPERTY RELATES			
CERT of Deposit	Goldman Sachs	Harcus			
Checking Accordit	BANK OF AME				
PART E - LIABILITIES (Major debts - See instructions)					
(If you have nothing to report, write "non-	ie" or "n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR			
GTE FINANCIAL	P.O. BOX 172599-10	1mpa Fl 33672			
	1	all h, r 1 - 2261/			
PART - WITCHTON W OPENING PROMISED A	en en en tentre de la elegazione di estable en en el estable de la estable de la entre de la entre de la entre				
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")					
1	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	<del></del>				
	<del>                                     </del>				
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST	Committee that the second section is a second section of the second seco				
PART G — TRAINING For elected municipal officers required to complete son					
For elected municipal officers required to complete ann					
the first section as a superior to the property of the section of the property of the section of	HAVE COMPLETED THE R				
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE	SHEET PLEASE CHECK HERE			
SIGNATURE OF FILE	R. CPA or	ATTORNEY SIGNATURE ONLY			
		If a certified public accountant licensed under Chapter 473, or attorney			
Signature:	in good standing v	with the Florida Bar prepared this form for you he or			
$\mathcal{L}$ on $l$	sne must compre	ete the following statement:			
Thurse, Teoke	Form 1 in accord	ance with Section 112.3145, Florida Statutes, and the			
	instructions to the	e form. Upon my reasonable knowledge and belief, the is true and correct.			
Date Signed:					
4/17/2020	CPA/Attorney Sigr	nature:			
	Date Signed:				
FILING INSTRUCTIONS:					
f you were mailed the form by the Commission on Ethi Supervisor of Elections for your annual disclosure file	ics or a County Candidates file this	form together with their filing papers.			
Jupervisor of Elections for Your Allitan discussine in	ding ratium 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 State officers or specified state employees who life 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 tallahassee, FL 32303. 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.

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.