FORM 1		STATEM	ENT OF			2018
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTERES	STS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MI		ME :			-	
MAILING ADDRESS :						
CITY : ZIP : COUNTY :						
NAME OF AGENCY :						
NAME OF OFFICE OR POSITION	HELD OF	R SOUGHT :				
You are not limited to the space on the	e lines or	this form. Attach additional shee	ets, if necessary.			
CHECK ONLY IF 🔲 CANDIDAT	e or	NEW EMPLOYEE OR	APPOINTEE			
	<u>th</u> pa	RTS OF THIS SECT	ION <u>MUST</u> BE	E COM	PLET	ED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y YEAR OR ON A FISCAL YEAR.				,		
EITHER (must check one): DECEMBER 31	, 2018	OR D SPECIF	Y TAX YEAR IF OTH	HER THAN	I THE C	ALENDAR YEAR:
MANNER OF CALCULATING FILERS HAVE THE OPTION OF CALCULATIONS, OR USING CO	JSING R MPARA	EPORTING THRESHOLDS T TIVE THRESHOLDS, WHICH	ARE USUALLY BAS			
for further details). CHECK THE		ENTAGE) THRESHOLDS	one): <u>OR</u>	DOLLAF	R VALU	E THRESHOLDS
PART A PRIMARY SOURCES O		E IMaior sources of income to t	he reporting person -	See instruc	ctionsl	
(If you have nothing to report, write "none" or "n/a")					1	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOURCE	S OF IN	COME				
[Major customers, client ( <b>If you have nothing to</b>		ner sources of income to busines write "none" or "n/a")	ses owned by the rep	orting perso	on - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			DDRESS SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
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.		
				INSTRUCTIONS on who must file this form and how to fill it out		
						on page 3.

(If you have nothing to report, write "none" or "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	ADDRESS OF CREDITOR				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or posi (If you have nothing to report, write "none" or "n/a") BUSIN	itions in certain types of businesses - See instructions] NESS 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 required to complete annual ethics training I CERTIFY THAT I HAVE COMI IF ANY OF PARTS A THROUGH G ARE CONTINUED	PLETED THE REQUIRED TRAINING.				
SIGNATURE OF FILER: Signature:	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,, 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				
Date Signed:	disclosure herein is true and correct. CPA/Attorney Signature:				
	Date Signed:				
FILINC INSTRUCTIONS:	246 Orghout.				
FILING INSTRUCTIONS:	<i>Candidates</i> file this form together with their filing papers. <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.				
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.	<b>MULTIPLE FILING UNNECESSARY:</b> A candidate who files a Forr 1 with a qualifying officer is not required to file with the Commissio				
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	MULTIPLE FILING UNNECESSARY: A candidate who files a Forr				