FORM 1	STATEMENT OF	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE	27777	_
MAILING ADDRESS :	CHANG	
2232 mmin	IN CANE	
FONT MYONS	FC 33905 LEE	
LEE COUNTY U	ZIP: COUNTY:	
NAME OF AGENCY	カン	
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:	
1-	OR NEW EMPLOYEE OR APPOINTEE	
***	* THIS SECTION MUST BE COMPLETE	D ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	R FINANCIAL INTERESTS FOR CALENDAR YEAR EN	DING DECEMBER 31, 2019.
FEWER CALCULATIONS, OR USIN	NG REPORTING THRESHOLDS THAT ARE ABSOLUTE G COMPARATIVE THRESHOLDS, WHICH ARE USUAL	LY BASED ON PERCENTAGE VALUES
(see instructions for further details).	CHECK THE ONE YOU ARE USING (must check one)	: AR VALUE THRESHOLDS
PART A - PRIMARY SOURCES OF INC (If you have nothing to repor	OME [Major sources of income to the reporting person - See ins t, write "none" or "n/a")	tructions]
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
AIR CONFRENS GOING!	M P.O. BOX 50849, FTMYERS FL	A/C CONTINACION
	33494	
PART B — SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to businesses owned by the reporting pe	erson - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS
N/A	OF SOURCE	ACTIVITY OF SOURCE
N/A.		
NA		
PART C - REAL PROPERTY [Land, build (If you have nothing to report	lings owned by the reporting person - See instructions] write "none" or "n/a")	You are not limited to the space on the lines on this form. Attach additional
2232 MANILYA	CANE, FORT MYERS, FL	sheets, if necessary.
	33905	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.

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WE	HICH THE PROPERTY RELATES
N/A		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	e" or "n/a")	S OF CREDITOR
N/A		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	BUSINESS ENTITY # 1	nesses - See instructions] BUSINESS ENTITY # 2 N/A
ADDRESS OF BUSINESS ENTITY	P.O. BOX 50849 FT MYGREGIFL	
PRINCIPAL BUSINESS ACTIVITY	AIR CONDITIONING	
POSITION HELD WITH ENTITY	DWNER	
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST	BUNER	
PART G — TRAINING For elected municipal officers required to complete a	nnual ethics training pursuant to section 112.3142 I HAVE COMPLETED THE REQU	UIRED TRAINING.
		ET DI CACE CUECY HEDE
IF ANY OF PARTS A THROUGH G AR	E CONTINUED ON A SEPARATE SHE	EI, PLEASE CHECK HERE
IF ANY OF PARTS A THROUGH G AR	ER: CPA or ATTO	DRNEY SIGNATURE ONLY
	ER: CPA or ATTO If a certified public according good standing with the she must complete the	ountant licensed under Chapter 473, or attorne ne Florida Bar prepared this form for you, he of following statement:

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

ates file this form together with their filing paper

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 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, 2019.