FORM 1	STATEMENT OF	7 2020
Please print or type your name, mailing address, agency name, and position below.	FINANCIAL INTERE	STS FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDD	LE NAME :	
VI	4: atmo	
MAILING ADDRESS: 2232 WW	this LUN LANT	
BUT MY	US, FL 33905 LEST	
LEE COUNTY	LICENISE BOAND	
NAME OF AGENCY:	vcia	
NAME OF OFFICE OR POSITION H		
CHECK ONLY IF CANDIDATE		
	**** THIS SECTION MUST BE COME	PLETED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	OUR FINANCIAL INTERESTS FOR CALENDAR	
(see instructions for further detail COMPARATIVE	SING COMPARATIVE THRESHOLDS, WHICH AN B). CHECK THE ONE YOU ARE USING (must ch (PERCENTAGE) THRESHOLDS OR	DOLLAR VALUE THRESHOLDS
PART A - PRIMARY SOURCES OF	INCOME [Major sources of income to the reporting person eport, write "none" or "nia")	n See instructions]
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
7 (HOM P.O. BOX SUBY FT MYOS	FL AIR CONDITIONAL
THE GENTER		3994
PART B — SECONDARY SOURCE Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	n, and other sources of income to businesses owned by the report, write "none" or "n/a") NAME OF MAJOR SOURCES AD	reporting person - See instructions] DRESS PRINCIPAL BUSINESS SOURCE ACTIVITY OF SOURCE
NA		
N/A		
N/A		
ref b weath her for	1, buildings owned by the reporting person - See instruction report, write "none" or "n/a") WN LN FT MYNS FL 3	You are not limited to the space on the fines 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

	BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES
NA		
PART E — LIABILITIES [Major debts - See instruction		
(If you have nothing to report, write "no	ue, ot "tila".)	
NAME OF CREDITOR	ADDRESS OF CREDITOR	
N/A		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	[Ownership or positions in certain types of buse" or "n/a") BUSINESS ENTITY # 1 FT/N CWIFTUS COUNTY	inesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	P. D. ROX SOS 49 FT HYTE	NIT
PRINCIPAL BUSINESS ACTIVITY	AIR CONDITIONIE	
PRINCIPAL BUSINESS ACTIVITY	HIL CENUITIONE	
DOGITION HELD WITH ENTITY	must bear	
	OWNER	
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	s 100 % OWNER	ssioners of a community redevelopment
NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to	s, appointed school superintendents, and commit complete annual ethics training pursuant to section	m 112.3142, F.S.
NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to I CERTIFY THAT I	s, appointed school superintendents, and commiscomplete annual ethics training pursuant to section HAVE COMPLETED THE REQU	un 112.3142, F.S. JIRED TRAINING.
NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to	s, appointed school superintendents, and commit complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section that the complete annual ethics training pursuant to section the complete annual ethics training the complete annual ethi	un 112.3142, F.S. JIRED TRAINING.
NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to I CERTIFY THAT I	s, appointed school superintendents, and commit complete annual ethics training pursuant to section I HAVE COMPLETED THE REQUEST CONTINUED ON A SEPARATE SHEET. CPA or ATTO	UIRED TRAINING. ET, PLEASE CHECK HERE DRNEY SIGNATURE ONLY untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement prepared the Cl with Section 112.3145, Florida Statutes, and th Upon my reasonable knowledge and belief, th

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.

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, 2020.