FORM 1 STATEMENT OF 2019 FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : COUNTY: OUT MYERS BEACH 666 NAME OF AGENCY OWN OF NAME OF OFFICE OR POSITION HELD OR OWN COUNCIL MAN CHECK ONLY IF CANDIDATE ■ NÉW EMPLOYEE OR APPOINTEE **** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019. MANNER OF CALCULATING REPORTABLE INTERESTS: 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 **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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY TAMIAMI TRAIL NAPLES 34/08 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 NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME ACTIVITY OF SOURCE 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")

You are not limited to the space on the

lines on this form. Attach additional

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

sheets, if necessary.

begin on page 3.

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
	THE 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
ALLY FINANCIAL (AUTO)	7.0. BOX 380 90 BLOOMINGTON, MN. 55438
The state of the s	Constitution of the state of th
PART F — INTERESTS IN SPECIFIED BUSINESSES IO	wnership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" o	or "n/a")
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	
POSITION HELD WITH ENTITY	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	
NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING	
NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING For elected municipal officers required to complete annual	
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PART G — TRAINING For elected municipal officers required to complete annual I CERTIFY THAT I H.	IAVE COMPLETED THE REQUIRED TRAINING.
PART G — TRAINING For elected municipal officers required to complete annual CERTIFY THAT I H.	ONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
PART G — TRAINING For elected municipal officers required to complete annual I CERTIFY THAT I H IF ANY OF PARTS A THROUGH G ARE CONSIGNATURE OF FILER	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney
PART G — TRAINING For elected municipal officers required to complete annual I CERTIFY THAT I H. IF ANY OF PARTS A THROUGH G ARE CO.	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorner in good standing with the Florida Bar prepared this form for you, he or
PART G — TRAINING For elected municipal officers required to complete annual I CERTIFY THAT I H IF ANY OF PARTS A THROUGH G ARE CONSIGNATURE OF FILER	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorne in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:
PART G — TRAINING For elected municipal officers required to complete annual I CERTIFY THAT I H IF ANY OF PARTS A THROUGH G ARE CONSIGNATURE OF FILER	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorner in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,
PART G — TRAINING For elected municipal officers required to complete annual I CERTIFY THAT I H. IF ANY OF PARTS A THROUGH G ARE CONSIGNATURE OF FILER Signature:	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorner in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I, prepared the C
PART G — TRAINING For elected municipal officers required to complete annual I CERTIFY THAT I H IF ANY OF PARTS A THROUGH G ARE CONSIGNATURE OF FILER	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorner in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I, prepared the Cipom 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and heliaf the
PART G — TRAINING For elected municipal officers required to complete annual I CERTIFY THAT I H. IF ANY OF PARTS A THROUGH G ARE CONTROL SIGNATURE OF FILER Signature:	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorner in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,

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 CEEorm 1 (Dea state if the end retain a copy other format), send it to CEEorm 1 (Dea state if the end retain a copy 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

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. Filling a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filling a CE Form 1 if the filer was in his or her position on December 31, 2019.