FORM 1	STATEMENT OF			2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL	E NAME :			
MURRHY - MAYM	OND - MAUC			
247 CURLEW	STREET			
V				
FOM MYERS DEACH	ZIP: COUNTY:	166		
NAME OF AGENCY :	1.1 0-1.11			
TOWN OF TOLT MY	ELS BEACH			
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT:			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	APPOINTEE		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOTEE OF	CAPPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	OUR FINANCIAL INTERESTS FO			CEMBER 31, 2020.
MANNER OF CALCULATING FILERS HAVE THE OPTION OF U FEWER CALCULATIONS, OR US (see instructions for further details)	SING REPORTING THRESHOLING COMPARATIVE THRESHOLIC CHECK THE ONE YOU ARE	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	LY BASE	D ON PERCENTAGE VALUES
	ERCENTAGE) THRESHOLDS			JE THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
R.P. MURIHY : ASSOC, I	4. 9853 TAMIRMI TRAI	C NAPLES, FL 34/98	Comm	REAL BOTHTE MEMT.
	OF INCOME and other sources of income to busine port, write "none" or "n/a")	sses owned by the reporting po	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, b (If you have nothing to rep		on - See Instructions]	lines o	e not limited to the space on the on this form. Attach additional , if necessary.
			and w	3 INSTRUCTIONS for when here to file this form are and at the bottom of page 2.
			this fo	CUCTIONS on who must file orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bond (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		
CHRYSLER CAPITAL 7.0. 8	30x 660335 DALLAS, TX. 660335		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership (If you have nothing to report, write "none" or "n/a") NAME OF BUSINESS ENTITY	p or positions in certain types of businesses - See instructions] 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			
NATURE OF MY OWNERSHIP INTEREST			
agency created under Part III, Chapter 163 required to complete a	d school superintendents, and commissioners of a community redevelopment innual ethics training pursuant to section 112.3142, F.S. COMPLETED THE REQUIRED TRAINING.		
	NUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
Signature: Signature: Date Signed: 128/21	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		
FILING INSTRUCTIONS:			
If you was mailed the fame butter Commission . Fit			

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.

Candidates file this form together with their filing papers.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.