FORM 1

## **STATEMENT OF**

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Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MID	DLE NAME :			
MAILING ADDRESS :				
CITY:	ZIP: COUNTY:			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION I	ELD OR SOUGHT :			
CHECK ONLY IF	OR NEW EMPLOYEE OR	APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	**** THIS SECTION MUS	<del></del>		CEMBER 31, 2020.
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR L	I REPORTABLE INTERESTS: USING REPORTING THRESHOLI SING COMPARATIVE THRESHOLI S). CHECK THE ONE YOU ARE U	LDS, WHICH ARE USUALI		•
	PERCENTAGE) THRESHOLDS			E THRESHOLDS
PART A PRIMARY SOURCES OF	INCOME [Major sources of income to	the reporting person - See instr	ructions]	
(If you have nothing to r	eport, write "none" or "n/a")			
( <b>If you have nothing to r</b> NAME OF SOURCE OF INCOME	l SOI	JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE	l SOI			
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NAME OF SOURCE OF INCOME  PART B SECONDARY SOURCES [Major customers, clients	SOL	DRESS	Pf	RINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME  PART B SECONDARY SOURCES [Major customers, clients	OF INCOME and other sources of income to busines	DRESS	Pf	RINCIPAL BUSINESS ACTIVITY
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to	OF INCOME and other sources of income to busines eport, write "none" or "n/a")  NAME OF MAJOR SOURCES	esses owned by the reporting per	Pf	instructions]  PRINCIPAL BUSINESS
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to	OF INCOME and other sources of income to busines eport, write "none" or "n/a")  NAME OF MAJOR SOURCES	esses owned by the reporting per	Pf	instructions]  PRINCIPAL BUSINESS
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Land	OF INCOME and other sources of income to busines eport, write "none" or "n/a")  NAME OF MAJOR SOURCES	Sees owned by the reporting per ADDRESS OF SOURCE	rson - See  You are	instructions]  PRINCIPAL BUSINESS
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Land	OF INCOME and other sources of income to busines eport, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	Sees owned by the reporting per ADDRESS OF SOURCE	You are lines or sheets, FILING and wi	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the n this form. Attach additional

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]  (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						
NAME OF CREDITOR	ADDRES	S OF CREDITOR				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  (If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY	BOOMNEGO ENTITT # 1	BOOMESO ENTITE # 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						
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.						
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE				
SIGNATURE OF FILE	R: CPA or ATTO	CPA or ATTORNEY SIGNATURE ONLY				
Signature:	If a certified public acco in good standing with th she must complete the I, Form 1 in accordance v	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,				
Date Signed:	disclosure herein is true  CPA/Attorney Signature	e and correct.				
	Date Signed:					
FILING INSTRUCTIONS:						

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 filling 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.

## **PART E - LIABILITIES**

**Name of Creditor** 

Mid Florida Credit Union AM Honda Finance

Tcf Bank

JPMCB Home Lending

**Address of Creditor** 

29 S. Kentucky Ave Lakeland FL 33801

P.O. Box 7829, Philadelphia, PA 19101-7829 1405 Xenium Lane N, Plymouth, MN 55441

700 Kansas Lane, Monroe, LA 71203