FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:			
MAILING ADDRESS:	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
	 LOCAL OFFICER SPECIFIED STATE EMPLOYEE 				
CITY: ZIP: COUNTY: LIST OFFICE OR POSITION HELD:			TION HELD:		
*** <u>BC</u> DISCLOSURE PERIOD:	<u>TH</u> PARTS OF THIS SECT	TION <u>MUST</u> BE COMP	ETED***		
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2021 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS					
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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):					
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS				UE 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 OF INCOME		SOURCE'S DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF NAM	IE OF MAJOR SOURCES F BUSINESS' INCOME	ADDRESS OF SOURC		PRINCIPAL BUSINESS ACTIVITY 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")			and v	IG INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.	
			this f	RUCTIONS on who must file form and how to fill it out n on page 3 of this packet.	

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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 instruction (If you have nothing to report, write "none						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPECIFIED BUSINESSI (If you have nothing to report, write "none?		sitions in certain types of bu	sinesses - See instructions]			
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						
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE	E CONTINUED ON	A SEPARATE SHEE	T, PLEASE CHECK HERE			
SIGNATURE OF FILER: Signature: Date Signed:		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				
WHEN TO FILE: may file by mail or email. Contact your Supervisor To determine what category your position At the end of office or employment each of Elections for the mailing address or email falls under, see the "Who Must File" Instructions						

local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers 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 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.

on page 3.

NOTE:

If you are leaving office or employment during the first half of 2021, you may not have filed Form 1 for 2020. In that case, this is not the last form you will file. Form 1F covers January 1, 2021, through your last day of office or employment. You will be required to file Form 1 for 2020 by July 1, 2021, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.