FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2018

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

E — FIRST NAME — MIDDLE NAME:

NAME OF REPORTING PERSON'S AGENCY:

TABLE VOICE PRESERVE CAN

LAST NAME - FIRST NAME - MIDDLE NAME: POLICIO ANDREN AMERICA	NAME OF REPORTING PERSON'S AGENCY:
MAILING ADDRESS: [843 Maple AJR	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):
CITY: FORT MYRN 33961 L.C.C.	LIST OFFICE OR POSITION HELD:

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2018 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 03.15.2018. (Date must be prior to 12/31/18)

MANNER OF CALCULATING REPORTABLE INTERESTS:

COMPARATIVE (PERCENTAGE) THRESHOLDS

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):

OR

PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instruction	ns]
(If you have nothing to report, write "none" or "n/a")	

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Cool ZONE Inc	1750 J+C blue Noples, FL 34109	Preject Max
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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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	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")

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1843 Maple Rue	Fort Myer FL 33901
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FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

DOLLAR VALUE THRESHOLDS

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none		icates of deposit, etc See	instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
ILA	Fibelit	h		
		7		
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PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none				
NAME OF CREDITOR	1	ADDRESS (OF CREDITOR	
Wells Para Montage	P.O. BOX 10335 DES Moines JA 50306.0335			
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "none"	" or "n/a")			
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		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 ARI	E CONTINUED OF	N A SEPARATE SHEE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature: Marin D Rall 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,		
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WHEN TO FILE:

At the end of office or employment each 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

FILING INSTRUCTIONS:

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

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) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method.

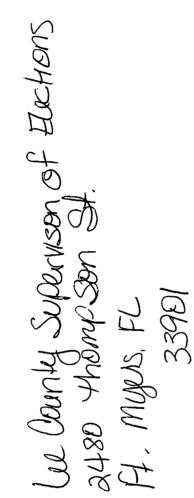
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2018, you may not have filed Form 1 for 2017. In that case, this is not the last form you will file. Form 1F covers January 1, 2018, through your last day of office or employment. You will be required to file Form 1 for 2017 by July 1, 2018, 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.

THE MATERIAL STATE

山中医院 的话的 医山克人口



Polland
1845 Mapa Phe.
19. Myers. Fr.
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