FORM 1	STATEM	IENT OF		2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5 [FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME :			,
MAILING ADDRESS :) 1			
1318 SE 434				
Cape Coral FL	33904 LE	E		$\mathbf{v}_{i} \in \mathbf{v}_{i}$
City of Cape	Coral COUNTY:			
Constraction R	eadletion Boar			
NAME OF OFFICE OR POSITION HELD				
		i	٠ ****	
DISCLOSURE PERIOD:	* THIS SECTION MUS			OEMBED 24 2020
THIS STATEMENT REFLECTS YOU		JR GALENDAR YEAR EN	JING DE	CEMBER 31, 2020.
MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF USIN	NG REPORTING THRESHOL			
FEWER CALCULATIONS, OR USING (see instructions for further details).		-		ED ON PERCENTAGE VALUES
	CENTAGE) THRESHOLDS			UE THRESHOLDS
PART A PRIMARY SOURCES OF INCO (If you have nothing to report		ne reporting person - See insi	ructions	
NAME OF SOURCE OF INCOME		JRCE'S DRESS		ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Youngs Electrical		NLOON IN #16	E	stimator / Lead
Contracting	Cape, Coral F	-1 33909	<u>_</u>	Tech
PART B – SECONDARY SOURCES OF I [Major customers, clients, and (If you have nothing to repor	other sources of income to busines	ses owned by the reporting pe	rson - See	e instructions]
NAME OF N BUSINESS ENTITY	IAME OF MAJOR SOURCES	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NIA				
PART C REAL PROPERTY [Land, build	inco owned by the reporting re-	Soo instructions]		
(If you have nothing to report,	write "none" or "n/a")	- See instructions]	lines o	e not limited to the space on the on this form. Attach additional s, if necessary.
N/A			and w	G INSTRUCTIONS for when here to file this form are
V (<i>A</i> 11)	9		locate	d at the bottom of page 2. UCTIONS on who must file
			this fo	orm and how to fill it out on page 3.

•

¥.-

	or "n/a")			
		BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES	
N/ <i>F</i> F				
			· · ·	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
N/A				
PART F INTERESTS IN SPECIFIED BUSINESSES [Ov (If you have nothing to report, write "none" of	r "n/a")	itions in certain types of bu NESS ENTITY # 1	usinesses - See instructions] BUSINESS ENTITY # 2	
	n[7.	Λ.		
RINCIPAL BUSINESS ACTIVITY	IV/1	J		
OSITION HELD WITH ENTITY				
OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
ATURE OF MY OWNERSHIP INTEREST				
SIGNATURE OF FILER	<u>2:</u>	CPA or ATT	ORNEY SIGNATURE ONLY	
Signature:		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:		
Signature:		in good standing with	the Florida Bar prepared this form for you, he or	
PPID		in good standing with she must complete th I, Form 1 in accordance	the Florida Bar prepared this form for you, he or e following statement: , prepared the CE e with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the	
Date Signed:		in good standing with she must complete th I, Form 1 in accordance instructions to the form	the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the ue and correct.	
PPID		in good standing with she must complete th I, Form 1 in accordance instructions to the forr disclosure herein is th	the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the ue and correct.	
Date Signed: 06/13/21		in good standing with she must complete th I, Form 1 in accordance instructions to the forr disclosure herein is th CPA/Attorney Signatu	the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the ue and correct.	
Date Signed: 06/13/21	cs or a County	in good standing with she must complete th I,	the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the ue and correct. re:	
Date Signed: 06/13/21 SILING INSTRUCTIONS: Tyou were mailed the form by the Commission on Ethic Supervisor of Elections for your annual disclosure film form to that location. To determine what category your inder, see page 3 of instructions.	ng, return the r position falls	in good standing with she must complete th I,	the Florida Bar prepared this form for you, he or e following statement: , prepared the CE e with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the ue and correct. re: 	
Date Signed: 06/13/21 TILING INSTRUCTIONS: you were mailed the form by the Commission on Ethic upervisor of Elections for your annual disclosure filit orm to that location. To determine what category your nder, see page 3 of instructions. ocal officers/employees file with the Supervisor f the county in which they permanently reside. (If ermanently reside in Florida, file with the Supervisor f the county in which they permanently reside. (If ermanently reside in Florida, file with the Supervisor here your agency has its headquarters.) Form 1 filers ie Supervisor of Elections for the mailing address or email. upervisor of Elections for the mailing address or emails.	ng, return the r position falls of Elections f you do not of the county s who file with Contact your ail address to	 in good standing with she must complete the she must be she must be she with a specified state of the she must be confirmation, even if the appointment. 	the Florida Bar prepared this form for you, he or e following statement: , prepared the CE e with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the ue and correct. re: 	
Date Signed: 06/13/24 TLING INSTRUCTIONS: You were mailed the form by the Commission on Ethic upervisor of Elections for your annual disclosure filin Imm to that location. To determine what category your nder, see page 3 of instructions. Ocal officers/employees file with the Supervisor i the county in which they permanently reside. (If thermanently reside in Florida, file with the Supervisor i the county in which they permanently reside. (If thermanently reside in Florida, file with the Supervisor there your agency has its headquarters.) Form 1 filers e Supervisor of Elections for the mailing address or email. upervisor of Elections for the mailing address or emails se. Do not email your form to the Commission on Ethicurned.	ng, return the r position falls of Elections f you do not of the county s who file with Contact your ail address to hics, it will be	 in good standing with she must complete the she must condition to the form disclosure herein is the CPA/Attorney Signatu Date Signed:	the Florida Bar prepared this form for you, he or e following statement: , prepared the CE e with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the ue and correct. re: 	
Date Signed:	ng, return the r position falls of Elections f you do not of the county s who file with Contact your ail address to hics, it will be file with the o file by mail, llahassee, FL	 in good standing with she must complete the she must be shown in the she must be shown in the she must be she who must be confirmation, even if the appears. 	the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the ue and correct. re: 	

CE FORM 1 - Effective: January 1, 2021. Incorporated by reference in Rule 34-8.202(1), F.A.C.