FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2020

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

(10 DE FILED W	111111	OU DATS OF LEAV	ING TOBLIC OFFIC		<u> </u>		
LAST NAME — FIRST NAME — MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:				
MAILING ADDRESS:		CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3):					
			LOCAL OFFIC		STATE OFFICER		
			SPECIFIED S				
CITY: ZIP:		COUNTY:		_			
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2020 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							
PART A PRIMARY SOURCES (If you have nothing to			e to the reporting person - See	instructio	ns]		
NAME OF SOURCE OF INCOME		SOUR(ADDR					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to busines (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME			ADDRESS PRINCIPAL BUSINESS OF SOURCE ACTIVITY OF SOURCE		PRINCIPAL BUSINESS		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file		
					orm and how to fill it out on page 3 of this packet.		

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 BUSINESS (If you have nothing to report, write "none"	" or "n/a")	sitions in certain types of bu	usinesses - See instructions] BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	BOSINESS ENTITY		500.11200 2.11111 // 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 ON	A SEPARATE SHE	ET, PLEASE CHECK HERE				
SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY SIGNATURE ONLY				
Signature:	<u>IX.</u>	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:							
		Date Signed					

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), 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.

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 2020, you may not have filed Form 1 for 2019. In that case, this is not the last form you will file. Form 1F covers January 1, 2020, through your last day of office or employment. You will be required to file Form 1 for 2019 by July 1, 2020, 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.