FORM 1

## **STATEMENT OF**

2	0	2	0
	v		v

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			
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR L		DS, WHICH ARE USUALL	DOLLAR VALUES, WHICH REQUIRES LY BASED ON PERCENTAGE VALUES	
	PERCENTAGE) THRESHOLDS		AR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF	INCOME [Major sources of income to	the renorting nerson - See instr	ructions]	
(If you have nothing to r	eport, write "none" or "n/a")	are reperting person — eee met	•	
( <b>If you have nothing to r</b> NAME OF SOURCE OF INCOME	eport, write "none" or "n/a")	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
( <b>If you have nothing to r</b> NAME OF SOURCE	eport, write "none" or "n/a")	JRCE'S	DESCRIPTION OF THE SOURCE'S	
( <b>If you have nothing to r</b> NAME OF SOURCE	eport, write "none" or "n/a")	JRCE'S	DESCRIPTION OF THE SOURCE'S	
( <b>If you have nothing to r</b> NAME OF SOURCE	eport, write "none" or "n/a")	JRCE'S	DESCRIPTION OF THE SOURCE'S	
(If you have nothing to r  NAME OF SOURCE OF INCOME  PART B SECONDARY SOURCES [Major customers, clients	sport, write "none" or "n/a")  SOL ADI	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
(If you have nothing to r  NAME OF SOURCE OF INCOME  PART B SECONDARY SOURCES [Major customers, clients	OF INCOME and other sources of income to busines	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to	OF INCOME and other sources of income to busineseport, write "none" or "n/a")  NAME OF MAJOR SOURCES	JRCE'S DRESS  sees owned by the reporting per	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  rson - See instructions]  PRINCIPAL BUSINESS	
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to	OF INCOME and other sources of income to busineseport, write "none" or "n/a")  NAME OF MAJOR SOURCES	JRCE'S DRESS  sees owned by the reporting per	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  rson - See 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 busineseport, write "none" or "n/a")  NAME OF MAJOR SOURCES	JRCE'S DRESS  sses owned by the reporting per ADDRESS OF SOURCE	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  rson - See 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 businesseport, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	JRCE'S DRESS  sses owned by the reporting per ADDRESS OF SOURCE	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  Principal Business ACTIVITY  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the lines on this form. Attach additional	•

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non		of deposit, etc See ins	tructions]			
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	s] e" or "n/a")					
NAME OF CREDITOR	ADDRESS 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	BOSINESC	CINTILL # 1	BOOMEOS ENTITT # 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 ATT	ORNEY SIGNATURE ONLY			
Signature:		If a certified public acco	ountant licensed under Chapter 473, or attorney ne Florida Bar prepared this form for you, he or			
Landon Thomas		I,, prepared the 0 Form 1 in accordance with Section 112.3145, Florida Statutes, and to instructions to the form. Upon my reasonable knowledge and belief, to disclosure herein is true and correct.  CPA/Attorney Signature:				
Date Signed:						
		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 filing 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.