FORM 1	STATEM	IENT OF		2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME :		_	
MAILING ADDRESS :				
CITY :	ZIP : COUNTY :			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HEL	.D OR SOUGHT :			
CHECK ONLY IF CANDIDATE		APPOINTEE		
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(see instructions for further details).	ERCENTAGE) THRESHOLDS			UE THRESHOLDS
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PART B SECONDARY SOURCES OI [Major customers, clients, an (If you have nothing to rep	nd other sources of income to busines	sses owned by the reporting pe	erson - See	<pre>instructions]</pre>
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PART C REAL PROPERTY [Land, bu (If you have nothing to repo		n - See instructions]	lines o	re not limited to the space on the on this form. Attach additional s, if necessary.
			and w	G INSTRUCTIONS for when /here to file this form are ed at the bottom of page 2.
			this fo	RUCTIONS on who must file orm and how to fill it out on page 3.

Date Signed: Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature:	PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific	ates of deposit, etc See inst	ructions]
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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. <u>Do not file by both mail and email. Choose only one</u> if the filer was in his or her position on December 31, 2020.	I CERTIFY THAT I HAVE COM IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: 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 for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be	ON A SEPARATE SHEE CPA or ATTO If a certified public accou in good standing with the she must complete the for I,	ET, PLEASE CHECK HERE CRESSERS SIGNATURE ONLY Description of the beginning of employment. Confirmed by the Senate must file prior to is less than 30 days from the date of their