FORM 1	STATEM	ENT OF	2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDI			
Williams Richa	ard W		
MAILING ADDRESS :			
1013 Old Burnt Store Road			
Cape Coral 33	3993 Lee		
CITY:	ZIP: COUNTY:		
City of Cape Coral NAME OF AGENCY:			
City Councilmember			
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT:		
CHECK ONLY IF	OR NEW EMPLOYEE OR AI	PPOINTEE	
	*** THIS SECTION MUST	BE COMPLETE	D ****
DISCLOSURE PERIOD:	OUR FINANCIAL INTERESTS FOR		
THIS STATEMENT NEI EESTS TO	OKT MANGIAE INTERESTS FOR	CALENDAR TEAR EN	DING DECEMBER 31, 2020.
MANNER OF CALCULATING			
			E DOLLAR VALUES, WHICH REQUIRES
	. CHECK THE ONE YOU ARE US		LY BASED ON PERCENTAGE VALUES
_			AR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME [Major sources of income to the ort, write "none" or "n/a")	reporting person - See ins	tructions]
NAME OF SOURCE OF INCOME	SOURG		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Cape Coral	1015 Cultural Park Blvd,	, Cape Coral	Government
Social Security			Retirement
PART B - SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rea	F INCOME nd other sources of income to businesses port, write "none" or "n/a")	s owned by the reporting pe	erson - See instructions]
NAME OF	NAME OF MAJOR SOURCES	ADDDERS	DRINGIPAL BUGINEGO
BUSINESS ENTITY	OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
US Navy Retirement			Military
PART C REAL PROPERTY [Land, but (If you have nothing to repo	uildings owned by the reporting person - ort, write "none" or "n/a")	See instructions]	You are not limited to the space on the lines on this form. Attach additional
none			sheets, if necessary.
			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

TYPE OF INTANGIBLE	ne" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
THE OF INTANOBLE		BOSINESS ENTITT TO W	HIGH THE PROPERTY RELATES		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non					
NAME OF CREDITOR	e or maj	ADDRES	S OF CREDITOR		
	ADDRESS OF CREDITOR				
Volkswagon	PO Box 7498, Libertyville, IL 60048				
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or p	ositions in certain types of busi	nesses - See instructions]		
(If you have nothing to report, write "none	" or "n/a")	SINESS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY					
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 agency created under Part III, Chapter 163 required to a	, appointed scho	ool superintendents, and commis	ssioners of a community redevelopment		
		MPLETED THE REQU			
IF ANY OF PARTS A THROUGH G ARE	CONTINUE				
SIGNATURE OF FILER:			CPA or ATTORNEY SIGNATURE ONLY		
Signature:		in good standing with th	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:		
1		I,	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the		
		instructions to the form.	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.		
		disclosure ficient is true			
Date Signed:		CPA/Attorney Signature			

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.